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# WINED AUG 17 2018

Form **990-PF** 

Department of the Treasury Internal Revenue Service Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

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

OMB No 1545-0052

2010

| For            | са       | lendar year 2010, or t                         | ax year beg      | jinning               | , aı   | na enaing       |          |   |       |                                  |   |          |
|----------------|----------|--|------------------|-----------------------|--|-----------------|----------|---|-------|----------------------------------|---|----------|
| G              | Che      | eck all that apply                             | ☐ Initial        | return                | Initial return of a for                          | mer public cha  | arity    |   |       | Final re                         | turn                                    |          |
|                |          |  | Amer             | nded return           | Address change                                   | X Na            | ime c    | hange   |       |                                  |   |          |
| Na             | ne o     | f foundation                                   |                  | <u>-</u>              |  |                 | A E      | mployer   | iden  | tification nu                    | mber                                    | -        |
| CA             | PIT      | AL CITY BANK GROU                              | P FOUNDA         | TION, INC             |  |                 |          |   |       | 59-2276                          | 367                                     |          |
|                |          | and street (or P O box numb                    |                  |                       | dress)   | Room/suite      | ВТ       | elephone  | num   | ber (see pag                     | e 10 of the instru                      | ictions) |
| 217            | NO       | ORTH MONROE STRE                               | EΤ               |                       |  |                 |          |   | (     | (850) 402-                       | 7764                                    |          |
| $\overline{}$  |          | own, state, and ZIP code                       |                  |                       |  |                 | C If     | exemptio  |       |                                  | ending, check her                       | e ▶「     |
| TAI            | LA       | HASSEE   |                  |                       | FL   | 32301           | 1        | -   |       | nizations, che                   | _                                       | ▶⊨       |
|                |          | eck type of organization                       | n Ixi Secti      | on 501(c)(3) exe      |  |                 | 7        | _   | _     |                                  | eting the 85% tes                       | t L      |
|                | Se       | ction 4947(a)(1) nonex                         | empt charita     | able trust 📋 🤇        | Other taxable private                            | foundation      |          | check he  | ere a | nd attach con                    | nputation                               | ຶ ▶⊑     |
| $\overline{T}$ | Fau      | market value of all as                         | sets at end      | J Accounting          | method X Cash                                    | n               |          |   |       | ition status w<br>07(b)(1)(A), c | as terminated                           |          |
|                | of y     | ear (from Part II, col (d                      | ~)               | │ □ Other (sr         | nectfy)  | _               |          |   |       |                                  | onth termination                        |          |
|                | lıne     | 16) ▶ \$                                       | 2.470.675        | (Part I, column (c    | l) must be on cash basi                          | s)              |          |   |       | 07(b)(1)(B), c                   |   | ▶□       |
| Pa             | rt I     | Analysis of Revenu                             |                  |                       | (a) Revenue and                                  |                 |          |   |       |                                  | (d) Disburse                            | ments    |
|                |          | amounts in columns (b), (c)                    | -                |                       | expenses per                                     | (b) Net investn | nent     | (c)   | _     | sted net                         | for charita                             |          |
|                |          | the amounts in column (a)                      | (see page 11 o   | f the instructions) ) | books  | income          |          |   | inco  | me                               | purpose<br>(cash basis                  |          |
|                | 1        | Contributions, gifts, grants,                  | etc . received ( | attach schedule)      | 159,632  |                 |          | 1   |       |                                  | (====================================== | ,,       |
|                | 2        | Check ▶ If the foundat                         |                  |                       | ,  |                 |          | 1 .   |       |                                  |   |          |
|                | 3        | Interest on savings and                        | •                |                       | 59   |                 | 59       |   | _     | REC                              | EIVED                                   |          |
|                | 4        | Dividends and interest f                       |                  |                       | 46,714   | 40              | 6,714    |   |       |                                  |   | 181      |
|                | 5        | a Gross rents                                  |                  |                       |  |                 | 0        | i i   | ĺΩ    | 0                                | - # AD1                                 | , 101    |
| as             |          | <b>b</b> Net rental income or (lo              | ss)              | 0                     |  |                 |          |   | 1,5   | AUG                              | 1 5 201                                 | S        |
| Ž              | 6        | a Net gain or (loss) from s                    | sale of assets   | not on line 10        | 18,862   |                 |          |   | Τ     |                                  |   | C        |
| ē              |          | <b>b</b> Gross sales price for all as          | sets on line 6a  | 134,683               |  |                 |          |   | T     | CC                               | שבאו ווי                                | r        |
| Revenue        | 7        | Capital gain net income                        | (from Part IV    | ', line 2)            |  | 18              | 8,862    |   | L     | ( ,( ),                          | 1121                                    |          |
| _              | 8        | Net short-term capital g                       | aın              |                       |  |                 |          |   |       | 0                                |   |          |
|                | 9        | Income modifications                           |                  |                       |  |                 |          |   |       |                                  |   |          |
|                | 10       | a Gross sales less returns ar                  | nd allowances    | 0                     |  |                 |          | <u> </u>  |       |                                  |   |          |
|                |          | b Less Cost of goods so                        | ld               | 0                     |  |                 |          |   |       |                                  |   |          |
|                |          | c Gross profit or (loss) (at                   | ttach schedule   | ∋)                    | 0  |                 |          | <u> </u>  |       |                                  |   |          |
|                | 11       | Other income (attach so                        | •                |                       | 5,100  |                 |          | )   |       | 0                                |   |          |
|                | 12       | Total. Add lines 1 throu                       | ugh 11           |                       | 230,367  | 6               | 5,635    | 5   |       | 0                                |   |          |
| SS             | 13       | Compensation of officer                        | rs, directors, t | rustees, etc          | 0  |                 |          |   |       |                                  |   |          |
| Expenses       | 14       | Other employee salane                          | s and wages      |                       |  |                 |          | ļ   |       |                                  |   |          |
| be             | 15       | Pension plans, employe                         |                  |                       |  |                 |          | ļ   |       |                                  |   |          |
| Ж              | 16       | a Legal fees (attach sche                      |                  |                       | 0  |                 |          |   |       | 0                                |   | 0        |
| e              |          | <b>b</b> Accounting fees (attach               | •                |                       | 0  | ļ               | <u>C</u> |   |       | 0                                |   | 0        |
| rative         |          | c Other professional fees                      | (attach sched    | dule)                 | 0  |                 |          | <u> </u>  |       | 0                                |   | 0        |
|                | 17       | Interest                                       |                  |                       |  |                 |          |   |       |                                  |   |          |
| - SE           | 18       | Taxes (attach schedule) (se                    |                  |                       | 0  |                 |          |   |       | 0                                | <del> </del>                            | 0        |
| Adminis        | 19       | Depreciation (attach sci                       | nedule) and d    | epietion              | 0  |                 | <u>C</u> | <del>' </del>                                     |       | 0                                |   |          |
| Ad             | 20<br>21 |  |                  |                       |  |                 |          | 1   |       |                                  |   |          |
| 2              | 21       | Travel, conferences, an                        | •                |                       | 110  |                 |          |   |       |                                  |   |          |
| and            | 23       |  |                  |                       | 110  |                 |          | ,   |       | 0                                |   | 0        |
| Бu             | 23<br>24 |  | •                | AVBORCES              | <del>                                     </del> |                 |          | <del>' </del>                                     |       | U                                |   |          |
| ati            | 24       | Total operating and ad Add lines 13 through 23 |                  | exhelises.            | 110  |                 | C        | \l  |       | 0                                |   | 0        |
| ě              | 25       |  |                  |                       | 255,094  |                 |          | 1   |       |                                  | -                                       | 255,094  |
| Operating      | 26       |  | •                | lines 24 and 25       |  |                 |          | 1   |       |                                  |   |          |
| _              | 27       | •  |                  | micy Et alla 20       | 255,204  |                 |          | <del>'                                     </del> |       | 0                                | -                                       | 255,094  |
|                | 21       |  | -                |                       | -24,837  |                 |          |   |       |                                  |   |          |
|                |          | a Excess of revenue over ex                    | -                |                       | -24,037  | 13              | 5,635    | <del> </del>                                      |       |                                  | <del> </del>                            |          |
|                |          | b Net investment income                        | . •              | •                     |  | <del> </del>    | 0,000    | Ή   |       |                                  |   |          |
| _              |          | C Adjusted net income (                        | n negative, er   | ner -U-)              | l  |                 |          |   |       | . 0                              | <u> </u>                                |          |

For Paperwork Reduction Act Notice, see page 30 of the instructions.

Form 990-PF (2010)

| Pa                | rt II               | Balance Sheets Attached schedules and amounts in the description column       | Beginning of year         | End o          | of year                                       |  |
|-------------------|---------------------|---|---------------------------|----------------|---|--|
|                   | 1411                | 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   | 366                       | 420            | 420   |  |
|                   | 2                   | Savings and temporary cash investments  | 279,801                   | 206,849        | 206,849                                       |  |
|                   | 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)   | 0                         | 0              | 0   |  |
|                   | 7                   | Other notes and loans receivable (attach schedule)                            |                           |                |   |  |
| ts                |                     | Less allowance for doubtful accounts ▶ 0                                      | 0                         | 0              | 0   |  |
| Assets            | 8                   | Inventones for sale or use  |                           |                |   |  |
| As                | 9                   | Prepaid expenses and deferred charges   |                           |                |   |  |
| `                 | 10 a                | Investments—U S and state government obligations (attach schedule)            | 25,150                    | 0              | 0   |  |
|                   | k                   | Investments—corporate stock (attach schedule)                                 | 1,613,051                 | 1,606,079      | 1,835,126                                     |  |
|                   | c                   | Investments—corporate bonds (attach schedule)                                 | 378,425                   | 403,880        | 428,280                                       |  |
|                   | 11                  | Investments—land, buildings, and equipment basis                              |                           |                | <u>, , , , , , , , , , , , , , , , , , , </u> |  |
|                   |                     | Less accumulated depreciation (attach schedule)                               | 0                         | 0              | 0   |  |
|                   | 12                  | Investments—mortgage loans  |                           | _              |   |  |
|                   | 13                  | Investments—other (attach schedule)   | 0                         | 0              | 0   |  |
|                   | 14                  | Land, buildings, and equipment basis  |                           |                |   |  |
|                   |                     | Less accumulated depreciation (attach schedule)                               | 0                         | 0              | 0   |  |
|                   | 15                  | Other assets (describe See Attached Statement )                               | 0                         | 0              | 0   |  |
|                   | 16                  | Total assets (to be completed by all filers—see the                           | <u> </u>                  |                |   |  |
|                   | .                   | instructions Also, see page 1, item I)  | 2,296,793                 | 2,217,228      | 2,470,675                                     |  |
|                   | 17                  | Accounts payable and accrued expenses   | 75,685                    | 20,957         | 2,470,073                                     |  |
|                   | 18                  | Grants payable  | 75,005                    | 20,337         |   |  |
| es                | 19 Deferred revenue |   |                           |                |   |  |
| Liabilities       | 20                  | <b>1</b>  | o                         |                |   |  |
| ā                 |                     | Loans from officers, directors, trustees, and other disqualified persons      | 0                         |                |   |  |
| Ë                 | 21<br>22            | Mortgages and other notes payable (attach schedule)                           | 0                         | <u>\</u>       |   |  |
|                   | 23                  | Other liabilities (describe   Total liabilities (add lines 17 through 22)     | <del>`</del> <del>`</del> | 20.057         |   |  |
|                   | 23                  |   | 75,685                    | 20,957         |   |  |
| <b>,</b>          |                     | Foundations that follow SFAS 117, check here                                  | ł                         |                |   |  |
| ĕ                 | ŀ                   | and complete lines 24 through 26 and lines 30 and 31.                         |                           |                |   |  |
| Balances          | 24                  | Unrestricted  | 2,221,108                 | 2,196,271      |   |  |
| <u> </u>          | 25                  | Temporarily restricted  |                           |                |   |  |
| 9                 | 26                  | Permanently restricted  |                           |                |   |  |
| Ĕ                 |                     | Foundations that do not follow SFAS 117, check here                           |                           |                |   |  |
| 正                 |                     | and complete lines 27 through 31.   |                           |                |   |  |
| Net Assets or Fun | 27                  | Capital stock, trust principal, or current funds                              |                           | 0              |   |  |
| ts                | 28                  | Paid-in or capital surplus, or land, bldg, and equipment fund                 |                           |                |   |  |
| Se                | 29                  | Retained earnings, accumulated income, endowment, or other funds              |                           |                |   |  |
| As                | 30                  | Total net assets or fund balances (see page 17 of the                         |                           |                |   |  |
| et                |                     | instructions)   | 2,221,108                 | 2,196,271      |   |  |
| Ź                 | 31                  | Total liabilities and net assets/fund balances(see page 17                    |                           |                |   |  |
|                   |                     | of the instructions)  | 2,296,793                 | 2,217,228      |   |  |
| Pa                | t III               | Analysis of Changes in Net Assets or Fund Balances                            |                           |                |   |  |
| 1                 | Total               | net assets or fund balances at beginning of year-Part II, column (a), line 3  | 0 (must agree wi          |                |   |  |
|                   | end-o               | of-year figure reported on prior year's return)                               |                           | 1              | 2,221,108                                     |  |
| 2                 | Enter               | amount from Part I, line 27a  |                           | 2              | -24,837                                       |  |
| 3                 | Other               | r increases not included in line 2 (itemize                                   |                           | 3              | 0   |  |
| _                 |                     | ines 1, 2, and 3  |                           | 4              | 2,196,271                                     |  |
|                   |                     | age on the traduction to the 2 (dames a)                                      |                           |                | 0   |  |
|                   |                     | net assets or fund balances at end of year (line 4 minus line 5)—Part II, col |                           | . 6            | 2,196,271                                     |  |
|                   |                     |   |                           |                | 2,100,271                                     |  |

| Part IV Capital Gains a  | nd Losses for Tax on Inve  | stment Inco                        | me   |              |             |                                  |
|--|--|------------------------------------|--|--------------|-------------|----------------------------------|
|  | e kınd(s) of property sold (e g , real esta<br>se, or common stock, 200 shs MLC Co |                                    | (b) How acquired<br>P—Purchase<br>D—Donation | (c) Date acc |             | (d) Date sold<br>(mo , day, yr ) |
| 1a See Attached Statement  |  |                                    |  |              |             |                                  |
| b  |  |                                    |  |              |             |                                  |
| C  |  |                                    |  |              | _           |                                  |
| <u>d</u>   | <del></del>  | _                                  |  |              |             |                                  |
| <u>e</u>   | r ::::::::::::::::::::::::::::::::::::   |                                    | L  |              |             |                                  |
| (e) Gross sales price  | (or allowable) plus expense of sale  |                                    | (h) Gain or (loss) (e) plus (f) minus (g)    |              |             |                                  |
| <u>a</u> 0   | 0  |                                    | 0  |              |             | 0                                |
| <b>b</b> 0   | 0  |                                    | 0  |              |             | 0                                |
| <u>c</u> 0   |  |                                    | 0  |              |             | 0                                |
| <b>d</b> 0   | 0  |                                    | <u>0</u>                                     | 10 70        |             | 0                                |
|  |  | d bu the foundat                   |  |              | <del></del> | 0                                |
| Complete only for assets sni   | owing gain in column (h) and owne  |                                    |  |              |             | (h) gain minus                   |
| (I) F M V as of 12/31/69   | (j) Adjusted basis<br>as of 12/31/69   |                                    | ssofcol(ı)<br>I(ı),ıfany                     |              |             | less than -0-) or<br>om col (h)) |
| <b>a</b> 0   | 0  |                                    | 0  |              | 03363 (110  | 0                                |
| <b>b</b> 0   | 0  |                                    | 0  |              |             | 0                                |
| <b>c</b> 0   | o o  |                                    | 0  |              |             | 0                                |
| <b>d</b> 0   | 0  |                                    | 0  |              |             | 0                                |
| <b>e</b> 0   | 0  |                                    | 0  |              |             | 0                                |
| 2 Capital gain net income or   |  | lso enter in Pa<br>enter -0- in Pa | art I, line 7 )                              | 2            |             | 18,862                           |
|  | or (loss) as defined in section  | is 1222(5) and                     | I (6)  |              |             | 10,002                           |
|  | line 8, column (c) (see pages  | 13 and 17 of                       | tne  |              |             | 4.000                            |
| Instructions) If (loss), ente  |  | dona ad Tan                        | an National                                  | 3            |             | 4,868                            |
| Part V Qualification Une<br>(For optional use by domestic  |  |                                    |  |              |             |                                  |
| If section 4940(d)(2) applies, I<br>Was the foundation liable for t<br>If "Yes," the foundation does r | he section 4942 tax on the dis<br>not qualify under section 4940(                  | e) Do not con                      | nplete this part                             |              |             |                                  |
|  | ount in each column for each   | year, see page                     | e 18 of the instruc                          | tions before | makın       |                                  |
| (a)<br>Base period years   | (b)  |                                    | (c)  |              | Dietr       | (d)<br>ibution ratio             |
| Calendar year (or tax year beginning   | n) Adjusted qualifying distribution  | ns Net value                       | of noncharitable-use a                       | ssets        |             | ivided by col (c))               |
| 2009   | 304  | ,344                               | 1,834  | ,691         |             | 0 165883                         |
| 2008   |  | ,954                               | 2,222  | 2,156        |             | 0 164234                         |
| 2007   |  | ,989                               |  |              |             | 0 153180                         |
| 2006   |  | ,927                               | 2,084  |              |             | 0 152513                         |
| 2005   |  | ,081                               | 2,205  | ,048         | <del></del> | 0 169648                         |
| 2 Total of line 1, column (d)  |  |                                    |  | 2            |             | 0 805458                         |
|  | or the 5-year base penod—div<br>undation has been in existenc                      |                                    | •  | )у           |             | 0 161092                         |
| 4 Enter the net value of non-  | charitable-use assets for 2010   | from Part X, I                     | ine 5  | 4            |             | 2,365,069                        |
| 5 Multiply line 4 by line 3  |  |                                    | 5  |              | 380,994     |                                  |
| 6 Enter 1% of net investmen  | it income (1% of Part I, line 27   | b)                                 |  | 6            |             | 656                              |
| 7 Add lines 5 and 6  |  |                                    |  | 7            |             | 381,650                          |
| 8 Enter qualifying distributio   |  |                                    |  | 8            |             | 255,094                          |
| If line 8 is equal to or greathe Part VI instructions on   | ter than line 7, check the box i page 18   | n Part VI, line                    | 1b, and complete                             | that part us | ing a 1     | % tax rate See                   |

If "Yes," attach the statement required by General Instruction T

that conflict with the state law remain in the governing instrument?

instructions) ► FL

· By language in the governing instrument, or

their names and addresses

Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either

8 a Enter the states to which the foundation reports or with which it is registered (see page 19 of the

b if the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney

General (or designate) of each state as required by eneral Instruction G? If "No," attach explanation

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)

• By state legislation that effectively amends the governing instrument so that no mandatory direction

Did the foundation have at least \$5,000 in assets at any time during the year? "Yes," complete Part II, col. (c), and Part XV

| or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 27)? |    |   |  |
|--|----|---|--|
| If "Yes," complete Part XIV  | 9  | X |  |
| Did any persons become substantial contributors during the tax yearff "Yes," attach a schedule listing                 |    |   |  |
| their names and addresses  | 10 | x |  |

6 Х

8b

 $\overline{\mathsf{x}}$ 

Х

Form 990-PF (2010)

| Form | 990-PF (2010) CAPITAL CITY BANK GROUP FOUNDATION, INC 59-22  | 76367 | P         | age 5        |
|------|--|-------|-----------|--------------|
| Par  | t VII-A Statements Regarding Activities (continued)  |       |           |              |
| 11   | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within th meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)          | 11    |           | Х            |
| 12   | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before<br>August 17, 2008?   | 12    |           | Х            |
| 13   | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?  | 13    | Х         | <del>^</del> |
|      | Website address ► www ccbg com/index cfm?show=CCBG-Foundation  |       |           |              |
| 14   | The books are in care of ► Ray A Johnson Telephone no ► (850) 402-   | 7764  |           |              |
| 15   | Located at ► 217 N Monroe Street Tallahassee FL ZIP+4 ► 32301  Section 4947(a)(1) nonexempt chantable trusts filing Form 990-PF in lieu <b>d</b> form 1041—Check here  |       |           |              |
| 13   | and enter the amount of tax-exempt interest received or accrued during the year  |       | •         | • 📖          |
| 16   | At any time during calendar year 2010, did the foundation have an interest in or a signature or other author   |       | Yes       | No           |
|      | over a bank, secunties, or other financial account in a foreign country?   | 16    | 103       | X            |
|      | See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1 if "Yes," ente  |       |           |              |
|      | the name of the foreign country  |       |           |              |
| Pai  | rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required   |       |           | <u>'</u>     |
|      | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.  | T     | Yes       | No           |
| 1a   | During the year did the foundation (either directly or indirectly)   |       |           |              |
|      | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No  |       |           |              |
|      | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)  |       |           |              |
|      | a disqualified person? Yes X No  |       |           |              |
|      | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?   | 1     |           |              |
|      | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?   |       |           |              |
|      | (5) Transfer any income or assets to a disqualified person (or make any of either available  |       |           |              |
|      | for the benefit or use of a disqualified person)?  |       |           |              |
|      | (6) Agree to pay money or property to a government official <b>Ekception</b> . Check "No"  |       |           |              |
|      | if the foundation agreed to make a grant to or to employ the official for a period   |       |           |              |
|      | after termination of government service, if terminating within 90 days )   |       |           |              |
| b    | If any answer is "Yes" to 1a(1)–(6), didany of the acts fail to qualify under the exceptions described in Regulation   |       |           |              |
|      | section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?   | 1b    | N/A       |              |
|      | Organizations relying on a current notice regarding disaster assistance check here   |       |           |              |
| С    | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted act that were not corrected before the first day of the tax year beginning in 2010?                          | 1c    |           | X            |
| 2    | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a privoleprating foundation defined in section 4942(j)(3) or 4942(j)(5))                                     |       |           |              |
| а    | At the end of tax year 2010, did the foundation have any undistributed income (lines f and 6e, Part XIII) for tax year(s) beginning before 2010?   |       |           |              |
|      | If "Yes," list the years 20, 20, 20  |       |           |              |
| b    | Are there any years listed in 2a for which the foundation isot applying the provisions of section 4942(a)(2)   |       |           |              |
|      | (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)  |       |           |              |
|      | to all years listed, answer "No" and attach statement—see page 22 of the instructions)   | 2b    | N/A       |              |
| С    | If the provisions of section 4942(a)(2) are being applied tany of the years listed in 2a, list the years here  |       |           |              |
| 20   | 20, 20, 20   |       |           |              |
| 3a   | Did the foundation hold more than a 2% direct or indirect interest in any busines:  enterprise at any time during the year?  Yes X No  |       |           |              |
| h    |  |       |           |              |
| IJ   | If "Yes," did it have excess business holdings in 2010 as a result of1) any purchase by the foundation or disqualified persons after May 26, 1969(2) the lapse of the 5-year period (or longer period approved |       |           |              |
|      | by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, (3)  | -     |           |              |
|      | the lapse of the 10-, 15-, or 20-year first phase holding period? Use Schedule C, Form 4720, to determine  |       |           |              |
|      | if the foundation had excess business holdings in 2010 )   | 3b    | N/A       | ļ <i>l</i>   |
| 4a   | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?  | 4a    | · · · · · | х            |
| b    | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable  |       | l         |              |
|      | numose that had not been removed from jeonardy before the first day of the tay year beginning in 20102   | 4h    | i —       | X            |

|      |  |                      | FOUNDATION, IN                                   |  |  | 59-227       | 6367         | Р             | age 6  |
|------|--|----------------------|--|--|--|--------------|--------------|---------------|--------|
| Pa   | irt VII-B Statements Regard  | ding Activities      | for Which For                                    | n 4720 May Be I                                  | Required (continue                                 | ed)          |              |               |        |
| 5a   | During the year did the foundation pa  | ay or incur any am   | ount to  |  |  |              |              |               |        |
|      | (1) Carry on propaganda, or other  | wise attempt to in   | fluence legislation (s                           | ection 4945(e))?                                 | Yes  | X No         |              |               |        |
|      | (2) Influence the outcome of any s   | specific public elec | tion (see section 49                             | 55), or to carry                                 |  | _            |              |               |        |
|      | on, directly or indirectly, any ve   | oter registration dr | ive?   |  | Yes  | X No         |              |               | .      |
|      | (3) Provide a grant to an individua  | I for travel, study, | or other similar purp                            | oses?  | Yes  | X No         |              |               | .      |
|      | (4) Provide a grant to an organiza   | tion other than a c  | hantable, etc , orgar                            | nization described                               | _  |              |              |               | .      |
|      | ın section 509(a)(1), (2), or (3)  | , or section 4940(c  | d)(2)? (see page 22                              | of the instructions)                             | Yes  | X No         |              |               | .      |
|      | (5) Provide for any purpose other educational purposes, or for the   |                      |  |  | Yes  | —<br>X No    |              |               |        |
| b    | If any answer is "Yes" to 5a(1)-(5), o   | didany of the trans  | actions fail to qualify                          | under the exceptions                             | s described in                                     |              |              |               | .      |
|      | Regulations section 53 4945 or in a  | current notice rega  | arding disaster assis                            | tance (see page 22 o                             | f the instructions)?                               |              | 5b           | N/A           |        |
|      | Organizations relying on a current no  | otice regarding dis  | aster assistance che                             | eck here   | · .  | ▶ □          |              |               |        |
| С    | If the answer is "Yes" to question 5a  | (4), does the found  | dation claim exempti                             | on from the                                      |  |              |              |               | . 1    |
|      | tax because it maintained expenditu  | re responsibility fo | r the grant?                                     |  | Yes  | No           |              |               | .      |
|      | If "Yes," attach the statement require   | ed by Regulations    | section 53 4945–5(d                              | 1)   |  |              |              |               |        |
| 6a   | Did the foundation, during the year,   | receive any funds,   | directly or indirectly                           | , to pay   |  |              |              |               | .      |
|      | premiums on a personal benefit con-  | tract?               |  |  | Yes  | X No         |              |               |        |
| b    | Did the foundation, during the year,   | pay premiums, dire   | ectly or indirectly, on                          | a personal benefit c                             | ontract?   |              | 6b           |               | X      |
| 7a   | If "Yes" to 6b, file Form 8870 At any time during the tax year, was  | the foundation air   | arty to a prohibited t                           | tay shelter transaction                          | n? ☐ Yes   | X No         |              |               |        |
|      | If "Yes," did the foundation receive a   | •                    | • •  |  | _  | <u> </u>     | 7b           |               |        |
|      | Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees,   |                      |  |  |  |              |              |               |        |
|      | and Contractors  |                      |  | ooo, . oanaanoi                                  | i managere, rngm                                   | y i ala Li   | iipio        | <b>y</b> 000, |        |
| 1    | List all officers, directors, tru  | stees, foundati      | on managers an                                   | d their compensa                                 | tion (see page 22 c                                | of the instr | uctio        | ns).          |        |
|      |  |                      | b) Title, and average                            | (c) Compensation                                 | (d) Contributions to                               | (e)          |              | se acco       | unt.   |
|      | (a) Name and address   | Ì                    | hours per week devoted to position               | (If not paid, enter -0-)                         | employee benefit plat<br>and deferred compensation | ns   ``      | •            | owance        |        |
| Will | liam G Smith   | CI                   | nairman  |  |  |              |              |               |        |
| 217  | 7 N Monroe St Tallahassee FL 3   | 2301                 | 1 00   | 0  | _  | 0            |              |               | 0      |
| Rot  | bert H Smith   | Pr                   | esident  |  |  |              |              |               |        |
|      | 7 N Monroe St Tallahassee FL 3   |                      | 1 00   | 0  |  | 0            |              |               | 0      |
|      | ooke Hallock   |                      | ecretary   | _  |  |              |              |               |        |
|      | 7 N Monroe St Tallahassee FL 3   |                      | 1 00   | 0  |  | <u> </u>     |              |               | 0      |
|      | y A. Johnson   |                      | easurer  |  |  |              |              |               | ^      |
|      | 7 N Monroe St Tallahassee FL 3   |                      | 1 00   | 0  |  | 0            |              |               | 0      |
|      | Compensation of five highest If none, enter "NONE."  | -paid employe        | es (otner than th                                | ose included on                                  |  |              | truct        | ions).        |        |
|      | Manager de de de la companya del companya del companya de la compa |                      | (b) Title, and avera                             | - I .  | (d) Contributions<br>employee bene                 |              | Expen        | se acco       | unt.   |
| (a)  | ) Name and address of each employee par  | d more than \$50,000 | hours per week<br>devoted to position            |  | on plans and deferr                                |              |              | owance        |        |
| NO   | NIC  |                      | acroica to positio                               |  | compensation                                       |              |              |               |        |
| INO  | NE .   |                      | .  |  |  |              |              |               |        |
|      | · · · · · · · · · · · · · · · · · · ·  |                      | <del>                                     </del> | <del>                                     </del> |  |              |              |               |        |
|      |  |                      |  |  |  |              |              |               |        |
|      | W-9  |                      |  |  |  |              |              |               |        |
|      |  |                      | 1  |  |  |              |              |               |        |
|      |  |                      | . [  |  |  |              |              |               |        |
|      |  |                      | <u> </u>   |  |  |              |              |               |        |
|      | •••••  |                      |  |  |  |              |              |               |        |
| Tot  | tal number of other employees p  | aid over \$50,00     | 0  | <del></del>                                      |  | <b>•</b>     |              |               | —      |
|      | 1  |                      |  |  |  | Fo           | m <b>9</b> 9 | 0-PF          | (2010) |

| Form 990-PF (2010) CAPITAL CITY BANK GROUP F  | OUNDATION, INC      |   | 59-2276367 Page <b>7</b> |
|---|---------------------|---|--------------------------|
| Part VIII Information About Officers, Dir   | ectors, Trustees,   | Foundation Managers, Highly               | Paid Employees,          |
| and Contractors (continued)   |                     |   |                          |
| 3 Five highest-paid independent contractors for profe   |                     | page 23 of the instructions). If none, en | ter "NONE."              |
| (a) Name and address of each person paid more than  | \$50,000            | (b) Type of service                       | (c) Compensation         |
| NONE  |                     |   | 0                        |
|   |                     |   | 0                        |
|   | •••••               |   | 0                        |
|   |                     |   | 0                        |
|   |                     |   | 0                        |
| Total number of others receiving over \$50,000 for pro  | ofessional services |   | <u> </u>                 |
| Part IX-A Summary of Direct Charitable  | Activities          |   |                          |
| List the foundation's four largest direct charitable activities during the the number of organizations and other beneficianes served, conferences |                     |   | Expenses                 |
| 1 N/A   | <u> </u>            |   |                          |
|   |                     |   | •                        |
|   |                     |   | •                        |
| 2   |                     |   |                          |
|   |                     |   |                          |
|   |                     |   |                          |
| 3   |                     |   |                          |
|   |                     |   |                          |
|   |                     |   |                          |
| <b>"</b>  |                     |   |                          |
|   |                     |   | -                        |
| Part IX-B Summary of Program-Related  | Investments (see    | page 24 of the instructions)              |                          |
| Describe the two largest program-related investments made by the f  |                     |   | Amount                   |
| 1 N/A   |                     |   |                          |
|   |                     |   | <u> </u>                 |
|   |                     |   |                          |
| 2   |                     |   |                          |
|   |                     |   | -                        |
| All other program-related investments See page 24 of the instruction  | ns                  |   |                          |
| 3   |                     |   |                          |
| •••••   |                     |   | .                        |
|   |                     |   | 0                        |
| Total. Add lines 1 through 3  |                     | 1   | <b>&gt;</b>   0          |

Form **990-PF** (2010)

| Pa  | Minimum Investment Return (All domestic foundations must complete this part. Foreign   | found | dations,                                |
|-----|--|-------|---|
|     | see page 24 of the instructions )  |       |   |
| 1   | Fair market value of assets not used (or held for use) directly in carrying out chantable, et  |       |   |
|     | purposes   |       |   |
| а   | Average monthly fair market value of securities .  | 1a    | 2,157,759                               |
| b   | Average of monthly cash balances .   | 1b    | 243,326                                 |
| С   | Fair market value of all other assets (see page 25 of the instructions)  | 1c    |   |
| d   | Total (add lines 1a, b, and c)   | 1d    | 2,401,085                               |
| е   | Reduction claimed for blockage or other factors reported on lines 1a and   |       |   |
|     | 1c (attach detailed explanation)   |       |   |
| 2   | Acquisition indebtedness applicable to line 1 assets .   | 2     |   |
| 3   | Subtract line 2 from line 1d .   | 3     | 2,401,085                               |
| 4   | Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see page 2  |       |   |
|     | of the instructions)   | 4     | 36,016                                  |
| 5   | Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4  | 5     | 2,365,069                               |
| 6   | The state of the s |       | 118,253                                 |
| Pai | TXI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private of   | perat | ing                                     |
|     | foundations and certain foreign organizations check here  and do not complete this part )  |       |   |
| 1   | Minimum investment return from Part X, line 6  | 1     | 118,253                                 |
| 2a  | Tax on investment income for 2010 from Part VI, line 5   | ,do   |   |
| b   | Income tax for 2010 (This does not include the tax from Part VI)   | 1     |   |
| С   | Add lines 2a and 2b  | 2c    | 1,313                                   |
| 3   | Distributable amount before adjustments Subtract line 2c from line 1   | 3     | 116,940                                 |
| 4   | Recovenes of amounts treated as qualifying distributions   | 4     |   |
| 5   | Add lines 3 and 4  | 5     | 116,940                                 |
| 6   | Deduction from distributable amount (see page 25 of the instructions)  | 6     |   |
| 7   | Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII  |       |   |
|     | line 1   | 7     | 116,940                                 |
| Par | Qualifying Distributions (see page 25 of the instructions)   |       |   |
| 1   | Amounts paid (including administrative expenses) to accomplish chantable, etc., purpose:   | T     | <del> </del>                            |
| а   | Expenses, contributions, gifts, etc —total from Part I, column (d), line 26  | 1a    | 255,094                                 |
| b   | Program-related investments—total from Part IX-B   | 1b    | 0                                       |
| 2   | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.  |       |   |
|     | purposes   | 2     |   |
| 3   | Amounts set aside for specific charitable projects that satisfy the  | *     | -                                       |
| а   | Suitability test (prior IRS approval required)   | 3a    |   |
| b   | Cash distribution test (attach the required schedule)  | 3b    | 0                                       |
| 4   | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4  | 4     | 255,094                                 |
| 5   | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investme   |       |   |
|     | income Enter 1% of Part I, line 27b (see page 26 of the instructions)  | 5     | 0                                       |
| 6   | Adjusted qualifying distributions. Subtract line 5 from line 4   | 6     | 255,094                                 |
|     | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundate qualifies for the section 4940(e) reduction of tax in those years   | ior   | , |

| Pai | rt | XIII Undistributed Incor  | ne (see page 26 of t | he instructions)                      |                     |      |         |
|-----|----|---|----------------------|---------------------------------------|---------------------|------|---------|
| _   |    |   |                      | (a)                                   | (b)                 | (c)  | (d)     |
| 1   |    | Distributable amount for 2010 fro                               | om Part XI,          | Corpus                                | Years prior to 2009 | 2009 | 2010    |
| 2   |    |   | -5465 0040           |                                       |                     |      | 116,940 |
| 2   |    | Undistributed income, if any, as<br>Enter amount for 2009 only  | of the end of 2010   |                                       |                     | 0    |         |
|     |    | Total for pnor years 20,  | 20 20                |                                       | 0                   |      |         |
| 3   |    | Excess distributions carryover, if                              |                      |                                       |                     |      |         |
|     |    | From 2005   | 267,078              |                                       |                     |      |         |
|     | _  | From 2006   | 220,921              |                                       |                     |      | '       |
|     |    | From 2007   | 253,850              |                                       |                     |      |         |
|     |    | From 2008   | 254,797              |                                       |                     |      |         |
|     | е  | From 2009   | 213,089              |                                       |                     |      |         |
|     | f  | Total of lines 3a through e                                     | <i>'</i>             | 1,209,735                             |                     |      |         |
| 4   |    | Qualifying distributions for 2010                               | from Part            | · · · · · · · · · · · · · · · · · · · |                     |      |         |
|     |    | XII, line 4 ▶ \$  | 255,094              |                                       |                     |      |         |
|     | а  | Applied to 2009, but not more th                                | an line 2a           |                                       |                     | 0    |         |
|     | b  | Applied to undistributed income                                 | of pnor years        |                                       |                     |      |         |
|     |    | (Election required—see page 26                                  | of the instructions) |                                       | 0                   |      |         |
|     | С  | Treated as distributions out of co                              | orpus (Election      |                                       |                     |      |         |
|     | _  | required—see page 26 of the ins                                 | ·                    | 0                                     |                     |      |         |
|     |    | Applied to 2010 distributable am                                | 1                    |                                       |                     |      | 116,940 |
|     |    | Remaining amount distributed or                                 | · .                  | 138,154                               |                     |      |         |
| 5   |    | Excess distributions carryover a                                | ` '                  | 0                                     |                     |      | 0       |
|     |    | (If an amount appears in column<br>same amount must be shown in | • • •                |                                       |                     |      |         |
| 6   |    | Enter the net total of each col                                 | ` ' '                |                                       |                     |      |         |
| ٠   |    | indicated below:  | uiiii as             |                                       |                     |      |         |
|     | а  | Corpus Add lines 3f, 4c, and 4e                                 | Subtract line 5      | 1,347,889                             |                     |      |         |
|     |    | Prior years' undistributed income                               |                      | 1,017,000                             |                     |      |         |
|     | _  | line 4b from line 2b  | 0 000,100            |                                       | 0                   |      |         |
|     | С  | Enter the amount of prior years'                                | undistributed        |                                       |                     |      |         |
|     |    | income for which a notice of defi                               |                      |                                       |                     |      |         |
|     |    | been issued or on which the se-                                 | ction 4942(a)        |                                       |                     |      |         |
|     |    | tax has been previously assesse                                 | ed [                 |                                       |                     |      |         |
|     | d  | Subtract line 6c from line 6b Ta                                | xable                |                                       |                     |      |         |
|     |    | amount—see page 27 of the ins                                   | tructions            |                                       | 0                   |      |         |
|     | е  | Undistributed income for 2009 \$                                | Subtract line        |                                       |                     |      |         |
|     |    | 4a from line 2a Taxable amount                                  | t—see page 27 of the |                                       |                     |      |         |
|     | _  | instructions .  |                      |                                       |                     | 0    |         |
|     | t  | Undistributed income for 2010 \$                                |                      |                                       |                     |      |         |
|     |    | lines 4d and 5 from line 1. This a                              | amount must          |                                       |                     |      | _       |
| 7   |    | be distributed in 2011 Amounts treated as distributions         | out o                |                                       |                     |      | 0       |
| •   |    | corpus to satisfy requirements in                               |                      |                                       |                     |      |         |
|     |    | section 170(b)(1)(F) or 4942(g)(                                |                      |                                       |                     |      |         |
|     |    | the instructions)   | o, (see page 21 of   |                                       |                     |      |         |
| 8   |    | Excess distributions carryover fr                               | rom 2005             |                                       |                     |      |         |
|     |    | not applied on line 5 or line 7 (se                             |                      |                                       |                     |      |         |
|     |    | instructions)   | , ,                  | 267,078                               |                     |      |         |
| 9   |    | Excess distributions carryove                                   | er to 2011.          |                                       |                     |      |         |
|     |    | Subtract lines 7 and 8 from line                                | 6a .                 | 1,080,811                             |                     |      |         |
| 10  |    | Analysis of line 9  |                      |                                       |                     |      |         |
|     | а  | Excess from 2006  | 220,921              |                                       |                     |      |         |
|     | b  | Excess from 2007 .  | 253,850              |                                       |                     | ,    |         |
|     | C  | Excess from 2008  | 254,797              |                                       |                     |      |         |
|     | d  | Excess from 2009  | 213,089              |                                       |                     |      |         |
|     | е  | Excess from 2010  | 138,154              |                                       |                     |      |         |

|            | 1 990-PF (2010) CAPITAL CITY BANK GRO   |                              |                         |                         | 59-227           |            |
|------------|---|------------------------------|-------------------------|-------------------------|------------------|------------|
|            | t XIV Private Operating Foundations (   |                              |                         | and Part VII-A, q       | uestion 9)       | N/A        |
| 1 a        | If the foundation has received a ruling or determina foundation, and the ruling is effective for 2010, enter  |                              | •                       | ▶                       |                  |            |
|            | Check box to indicate whether the foundation is a p   | rrvate operating four        | ndation described in    | section                 | 4942(J)(3) or    | 4942(j)(5) |
| 2 a        | Enter the lesser of the adjusted net income from Part I or the minimum  | Tax year                     |                         | Prior 3 years           |                  | (a) Tatal  |
|            | investment return from Part X for each  | (a) 2010                     | (b) 2009                | (c) 2008                | (d) 2007         | (e) Total  |
|            | year listed   | 0                            | 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                       |                  | 0          |
| d          | Amounts included in line 2c not used directly for active conduct of exempt activities   |                              |                         |                         |                  | 0          |
| е          | Qualifying distributions made directly  |                              |                         |                         |                  |            |
|            | for active conduct of exempt activities Subtract line 2d from line 2c   |                              |                         |                         |                  | •          |
| 3          | Complete 3a, b, or c for the  | 0                            | 0                       | 0                       | 0                | 0          |
| а          | alternative test relied upon  |                              |                         |                         |                  | _          |
|            | (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<br>of minimum investment return shown in<br>Part X, line 6 for each year listed  | 0                            | 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 exemp organizations as provided in section 4942(j)(3)(B)(iii)   |                              | - 11                    |                         | -                | 0          |
|            | (3) Largest amount of support from an exempt organization   |                              |                         |                         |                  | 0          |
|            | (4) Gross investment income   |                              |                         |                         |                  | 0          |
| Pa         | rt XV Supplementary Information (Co   | mplete this par              | t only if the fou       | ındation had \$8        | 5,000 or more ir | 1          |
| 1<br>a     | assets at any time during the year Information Regarding Foundation Managers of the foundation who have con before the close of any tax year (but only if they ha | gers:<br>tnbuted more than 2 | % of the total contrib  | outions received by the | he foundati      |            |
|            | poloro the close of any tax year (satisfing it they ha  | TO COMMIDATE MICHO           | (1000)                  | 30011011 007 (0)(       |                  |            |
| b          | List any managers of the foundation who own 10% ownership of a partnership or other entity) of which  |                              | • •                     | , , , , ,               | tion of t        |            |
| 2          | Information Regarding Contribution, Gra   | nt, Gift, Loan, Sc           | holarship, etc., F      | Programs:               |                  |            |
|            | Check here  Inf the foundation only makes unsolicited requests for funds. If the foundation may under other conditions, complete items 2a, b, c, an               | kes gifts, grants, etc       |                         | -                       |                  | :          |
| а          | The name, address, and telephone number of the  |                              | lications should be a   | ddressec                |                  |            |
| Са         | pital City Bank Group Foundation P O Box 1  | 1248 Tallahassee             | FL 32302 850-40         | 02-8521                 |                  |            |
|            | The form in which applications should be submitted  |                              |                         |                         |                  |            |
|            | nl 3 copies of the application and 501(c)(3) ex<br>Any submission deadlines   | emption                      |                         |                         |                  |            |
| <u>A</u> p | rıl 1st and October 1st   |                              |                         |                         |                  |            |
|            | Any restrictions or limitations on awards, such as b factors  | y geographical area          | s, charitable fields, k | ands of institutions, o | or other         |            |
| Se         | e attached application  |                              |                         | · · · ·                 |                  |            |
|            |   |                              |                         |                         |                  |            |

Form 990-PF (2010) CAPITAL CITY BANK GROUP FOUNDATION, INC
Part XV Supplementary Information (continued)

| 3 Grants and Contributions Paid During                     |  | for Future           | Payment                          |         |
|--|--|----------------------|----------------------------------|---------|
| Recipient  | If recipient is an individual, 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 Advocates for Alzheimer's Care, Inc |  |                      |                                  | 1,000   |
| Advocates for Alzheimer's Care, Inc                        |  |                      |                                  | 2,000   |
| ALARM International  |  |                      |                                  | 90      |
| American Cancer Society                                    |  |                      |                                  | 820     |
| American Cancer Society Gulf County                        |  |                      |                                  | 750     |
| American Cancer Society, Relay for Life                    |  |                      |                                  | 1,000   |
| American Heart Association-Heartwalk 2010                  |  |                      |                                  | 3,033   |
| American Heart Association-Heartwalk 2010                  |  |                      |                                  | 100     |
| American Legion Auxiliary Unit #13                         |  |                      |                                  | 25      |
| American Lung Association                                  |  |                      |                                  | 100     |
| American Red Cross   |  |                      |                                  | 2,500   |
| Table On Allerta 1011                                      |  |                      |                                  |         |
| Total See Attached Statement                               |  | 1                    | <b>▶</b> 3a                      | 255,094 |
| <b>b</b> Approved for future payment                       |  |                      |                                  |         |
|  |  |                      |                                  |         |
|  |  |                      |                                  |         |
|  |  |                      |                                  |         |
|  |  |                      |                                  |         |
|  |  |                      |                                  |         |
|  |  |                      |                                  |         |
|  |  |                      |                                  |         |
|  |  |                      |                                  |         |
|  |  |                      |                                  |         |
|  |  |                      |                                  |         |
|  |  |                      |                                  |         |
|  |  |                      |                                  |         |
|  |  |                      |                                  |         |
|  |  |                      |                                  |         |
| Total  |  |                      | <b>▶</b> 3b                      | 0       |

| Part XVI-A     | Analysis of Income-Producing Activ  | vities                                       |                    | <del> </del>          |               | <u> </u>   |
|----------------|---|--|--------------------|-----------------------|---------------|--|
| Enter gross ar | nounts unless otherwise indicated   | Unrelated but                                | siness income      | Excluded by section   | (e)           |  |
| 1 Program sei  | rvice revenue   | (a)<br>Business code                         | (b)<br>Amount      | (c)<br>Exclusion code | (d)<br>Amount | Related or exempt<br>function income<br>(See page 28 of<br>the instructions) |
| а              |   |  | 0                  |                       | 0             | 0  |
| b              |   |  | 0                  |                       | 0             | 0  |
| С              |   |  | 0                  |                       | 0             | 0  |
| d              |   |  | 0                  |                       | 0             |  |
| e              |   |  | 0                  |                       | 0             |  |
| f              |   |  | 0                  |                       | 0             | 0  |
| -              | d contracts from government agencies  |  | -                  |                       |               |  |
| •              | dues and assessments  |  |                    |                       |               |  |
|                | savings and temporary cash investments  |  |                    | 14                    | 59            |  |
|                | nd interest from securities   |  |                    | 14                    | 46,714        |  |
|                | come or (loss) from real estate   |  |                    |                       |               |  |
|                | anced property  |  |                    |                       |               | <b></b>  |
|                | -financed property<br>come or (loss) from personal property   | -  |                    |                       |               |  |
| 7 Other invest |   |  |                    |                       |               |  |
|                | s) from sales of assets other than inventory  |  |                    | 18                    | 18,862        |  |
|                | or (loss) from special events   |  |                    | 10                    | 10,002        |  |
|                | or (loss) from sales of inventory   |  |                    |                       |               |  |
|                | ue a VOIDED CHECKS  |  | 0                  |                       | 0             | 5,100  |
|                | 200   |  | ō                  |                       | 0             |  |
| с              |   |  | 0                  |                       | 0             |  |
| d              |   |  | 0                  |                       | 0             | 0  |
| е              |   |  | 0                  |                       | 0             | 0  |
|                | ld columns (b), (d), and (e)  | ļ  | <u> </u>           |                       | 65,635        | 5,100  |
|                | ine 12, columns (b), (d), and (e)   |  |                    |                       | 13            | 70,735   |
|                | in line 13 instructions on page 29 to verify calcula  |  | · - <u></u>        |                       |               |  |
|                | Relationship of Activities to the Acc   |  |                    |                       |               |  |
| ▼ tı           | explain below how each activity for which income ne accomplishment of the foundation's exempt purage 29 of the instructions.) | rposes (other that                           | n by providing fun | ds for such purpos    |               |  |
| 1A VOI         | DED CONTRIBUTION CHECK THAT WAS   | S NEVER REIS                                 | SUED FROM 2        | 009                   |               |  |
|                |   |  |                    |                       |               |  |
|                |   |  |                    |                       |               |  |
|                |   |  |                    |                       |               |  |
|                |   |  |                    |                       |               |  |
|                |   |  |                    |                       |               |  |
|                |   |  | ·                  | ·····                 |               |  |
|                |   |  |                    |                       |               |  |
|                |   |  |                    |                       |               |  |
|                | (   | <u>.                                    </u> |                    |                       |               |  |
|                |   |  |                    |                       |               |  |
|                |   |  |                    | <del> </del>          | <del></del>   |  |
|                | · · · · · · · · · · · · · · · · · · ·   |  |                    |                       |               |  |
|                | <del></del>   |  | ·                  | ·                     | -             |  |

| Form 990-PF | (2010) CAPITAL CI                  | ITY BANK GF                                      | ROUP FOUNDATION, INC   |            |                         | 59-2276                | 367            | Pag      | e 13        |
|-------------|------------------------------------|--|--|------------|-------------------------|------------------------|----------------|----------|-------------|
| Part XVII   |                                    |  | sfers To and Transactions  | and Re     | lationships W           | ith Nonchari           | table          |          |             |
|             | Exempt Organiza                    | ations   |  |            |                         |                        |                |          |             |
|             |                                    |  | engage in any of the following w   |            |                         |                        |                | Yes      | No          |
|             |                                    | e (other than s                                  | section 501(c)(3) organizations)   | or in sec  | tion 527, relatin       | g to political         |                |          |             |
| organı      | zations?                           |  |  |            |                         |                        |                |          | 1           |
|             |                                    | foundation to                                    | a noncharitable exempt organi  | zation of  |                         |                        |                |          |             |
| (1) Ca      |                                    |  |  |            |                         |                        | 1a(1)          |          | X           |
|             | ther assets                        |  |  |            |                         |                        | 1a(2)          |          | X           |
|             | transactions                       |  |  |            |                         |                        |                |          |             |
|             | ales of assets to a non-           |  |  |            |                         |                        | 1b(1)          |          | X           |
|             |                                    |  | able exempt organization   |            |                         |                        | 1b(2)          |          | X           |
|             | ental of facilities, equip         |  | er assets  |            |                         |                        | 1b(3)          |          | X           |
|             | eimbursement arrange               |  |  |            |                         |                        | 1b(4)          |          | X           |
|             | oans or loan guarantee             |  | hip or fundraising solicitations   |            |                         |                        | 1b(5)<br>1b(6) |          | ÷           |
|             |                                    |  | sts, other assets, or paid employ  | 1000       |                         |                        | 1c             |          | x           |
|             |                                    | -  | ' complete the following schedu  |            | an <b>(h)</b> should ab | vava chavi tha t       | للتنسا         | l        |             |
| value       | of the goods, other as:            | sets, or servic                                  | ces given by the reporting found ement, show in column (d) the                       | ation If t | he foundation re        | ceived less tha        | n fair n       | narke    | et<br>od    |
| (a) Line no | (b) Amount involved                | ,  | of noncharitable exempt organization   | _          | cription of transfers,  |                        |                |          |             |
|             | 0                                  | (.,  |  |            |                         |                        |                |          |             |
|             | 0                                  | l  |  |            |                         |                        |                |          |             |
|             | 0                                  |  |  |            |                         |                        |                |          |             |
|             | 0                                  |  |  |            |                         |                        |                |          |             |
|             | 0                                  |  |  |            |                         |                        |                |          |             |
|             | 0                                  |  |  |            |                         |                        |                |          |             |
|             | 0                                  | <del> </del>                                     |  |            |                         |                        |                |          |             |
|             | 0                                  |  |  |            |                         |                        |                |          |             |
|             | 0                                  |  |  |            |                         |                        |                |          |             |
|             | 0                                  |  |  |            |                         |                        |                |          |             |
|             | 0                                  |  |  | -          |                         |                        |                |          |             |
|             | 0                                  | <del>                                     </del> |  | +          |                         |                        |                |          |             |
|             | 0                                  | +  |  |            |                         |                        |                |          |             |
|             | 0                                  |  |  | 1          |                         |                        |                |          |             |
|             | 0                                  | <del>†</del>                                     |  |            |                         |                        |                |          |             |
| descri      |                                    | of the Code (d                                   | ated with, or related to, one or rother than section 501(c)(3)) or                   |            |                         | ations                 | ∕es X          | No       |             |
| 11 160      | (a) Name of organization           |  | (b) Type of organization   |            | (6) (                   | Description of relatio | nship          |          | <del></del> |
|             | (a) Italiio of organization        | '  | (b) Type of organization   |            | (0)                     | Secondarion of relatio | Потпр          |          |             |
|             |                                    |  |  |            |                         |                        |                |          |             |
|             |                                    |  |  |            |                         | <del> </del>           |                |          |             |
|             |                                    |  |  |            |                         |                        |                |          |             |
|             |                                    |  |  |            |                         | <del></del>            |                | <u>,</u> |             |
|             | lief, it is true, correct, and cor | mplete Declaratio                                | xamined this return, including accompany in of preparer (other than taxpayer or fidu |            | ed on all information   |                        |                |          |             |
|             | Signature of officer or truste     |  | 7  | Date       | Tit                     |                        |                |          |             |
| Paid        | Print/Type preparer's n            | ame  | Preparer's signature   |            | Date                    | Check X if             | PTIN           |          |             |
| Prepare     | KRISTIN LEE                        |  | KRISTIN LEE  |            | 8/8/2011                | self-employed          |                |          |             |

Firm's address ► 3583 DARCY CT NW, KENNESAW, GA 30144

Firm's name

Preparer

**Use Only** 

(772) 584-0084

Firm's EIN

Phone no

### Schedule B

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

Department of the Treasury
Internal Revenue Service
Name of the organization

## **Schedule of Contributors**

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

OMB No 1545-0047

2010

**Employer identification number** 

CAPITAL CITY BANK GROUP FOUNDATION, INC 59-2276367 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 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and 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 exclusively 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 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)

Schedule B (Form 990, 990-EZ, or 990-PF) (2010) Page 1 of 1 of Part I Name of organization Employer identification number CAPITAL CITY BANK GROUP FOUNDATION, INC 59-2276367 Contributors (see instructions) (c) (a) No. Name, address, and ZIP + 4 **Aggregate contributions** Type of contribution CAPITAL CITY BANK Person \_\_\_1\_\_ PO BOX 900 **Payroll** Noncash TALLAHASSEE FL 32302-0900 159,632 Foreign State or Province (Complete Part II if there is Foreign Country a noncash contribution) (a) (c) (d) Name, address, and ZIP + 4 **Aggregate contributions** Type of contribution No. Person \_\_2\_\_ **Payroll** Noncash Foreign State or Province (Complete Part II if there is Foreign Country a noncash contribution ) (a) (b) (c) (d) Type of contribution Name, address, and ZIP + 4 **Aggregate contributions** No. Person \_\_3\_\_ Payroll Noncash Foreign State or Province (Complete Part II if there is Foreign Country a noncash contribution ) (b) (c) (d) (a) Aggregate contributions Type of contribution No. Name, address, and ZIP + 4 Person 4 **Payroll** Noncash Foreign State or Province (Complete Part II if there is Foreign Country a noncash contribution) (b) (c) (d) (a) Name, address, and ZIP + 4 **Aggregate contributions** Type of contribution No. Person \_\_5\_\_ **Payroll** Noncash Foreign State or Province (Complete Part II if there is Foreign Country a noncash contribution )

(b)

Name, address, and ZIP + 4

Foreign State or Province

Foreign Country

(a)

No.

\_\_6\_\_

Person

(c)

**Aggregate contributions** 

(d)

Type of contribution

Name of organization
CAPITAL CITY BANK GROUP FOUNDATION, INC

Employer identification number 59-2276367

Noncash Property (see instructions) Part II (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given **Date received** Part I (see instructions) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (see instructions) (a) No. (c) (d) FMV (or estimate) from Description of noncash property given **Date received** (see instructions) Part I (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions)

Name of organization

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

|                 | CITY BANK GROUP FOUNDATION, INC.              |                |  | 59-22763                              |                                       |
|-----------------|---|----------------|--|---------------------------------------|---------------------------------------|
| Part III        | Exclusively religious, charitable, etc.,      | individual co  | ntributions to section !   | 501(c)(7), (8), or (10) organ         | nizations                             |
|                 | aggregating more than \$1,000 for the         | year. Complet  | e columns (a) through (e   | e) and the following line ent         | rv                                    |
|                 | For organizations completing Part III, ent    |                |  |                                       | •                                     |
|                 | contributions of \$1,000 or less for the year | ear (Enterthis | information once. See in   | nstructions ) > \$                    | 0                                     |
| (a) No.         |   |                | THE THE PARTY OF T |                                       |                                       |
| from            | (b) Purpose of gift                           | (c)            | Use of gift  | (d) Description of how                | aift is held                          |
| Part I          |   | ` '            |  | · · · · · · · · · · · · · · · · · · · | <del></del>                           |
|                 |   | <b></b>        |  |                                       |                                       |
|                 |   |                |  |                                       |                                       |
|                 |   |                |  |                                       |                                       |
|                 |   |                |  |                                       |                                       |
|                 |   | (e) T          | ransfer of gift  |                                       |                                       |
|                 |   | (0) .          | .a.ioioi oi giit   |                                       |                                       |
|                 | Transferse's name address and                 | 7ID + 4        | Dalatianah   | :                                     |                                       |
|                 | Transferee's name, address, and               | ZIP + 4        | Relationsn   | ip of transferor to transfe           | ree                                   |
|                 |   |                | ••   |                                       |                                       |
|                 |   |                |  |                                       |                                       |
|                 |   |                |  |                                       |                                       |
|                 | For Prov Country                              |                |  |                                       |                                       |
| (a) No.         | 4.5   | l ,            |  |                                       |                                       |
| from<br>Part I  | (b) Purpose of gift                           | (c)            | Use of gift  | (d) Description of how                | gift is held                          |
| Parti           |   |                |  |                                       |                                       |
|                 |   |                |  |                                       |                                       |
|                 |   |                |  |                                       |                                       |
|                 |   |                |  |                                       |                                       |
|                 |   |                |  |                                       |                                       |
|                 |   | (e) T          | ransfer of gift  |                                       |                                       |
|                 |   |                |  |                                       |                                       |
|                 | Transferee's name, address, and               | ZIP + 4        | Relationsh   | ip of transferor to transfe           | ree                                   |
|                 |   |                |  |                                       |                                       |
|                 | ***************************************       |                |  |                                       |                                       |
|                 |   |                |  |                                       |                                       |
|                 | For Prov Country                              |                |  |                                       |                                       |
| (a) No.         | TOT FIGURE                                    | <u> </u>       | <u> </u>   |                                       | · · ·                                 |
| from            | (b) Purpose of gift                           | (c)            | Use of gift  | (d) Description of how                | gift is held                          |
| Part I          |   |                |  |                                       |                                       |
|                 |   |                |  |                                       |                                       |
|                 |   |                |  |                                       |                                       |
|                 | <b></b>                                       |                |  |                                       |                                       |
|                 |   |                |  |                                       |                                       |
|                 |   | (e) T          | ransfer of gift  |                                       |                                       |
|                 |   | . ,            | J  |                                       |                                       |
|                 | Transferee's name, address, and               | 7IP + 4        | Polationeh   | ip of transferor to transfe           | roo                                   |
|                 | Transferce 3 hame, address, and               | <u> </u>       | Kelationsh   | ip of dansieror to dansie             | 166                                   |
|                 |   |                |  |                                       | · · · · · · · · · · · · · · · · · · · |
|                 |   |                |  |                                       |                                       |
|                 |   |                |  |                                       |                                       |
| 4.3.81          | For Prov Country                              |                |  |                                       |                                       |
| (a) No.<br>from | (b) Burnoon of wift                           | (0)            | Allon of wife  | (d) December of hou                   |                                       |
| Part I          | (b) Purpose of gift                           | (6)            | ) Use of gift  | (d) Description of how                | gint is neia                          |
|                 |   |                |  |                                       |                                       |
|                 |   |                |  |                                       |                                       |
|                 |   |                |  |                                       |                                       |
|                 |   |                |  |                                       |                                       |
|                 |   | /_\            |  | L                                     | · ·- ·-                               |
|                 |   | (e) T          | ransfer of gift  |                                       |                                       |
|                 |   |                |  |                                       |                                       |
|                 | Transferee's name, address, and               | ZIP + 4        | Relationsh   | ip of transferor to transfe           | ree                                   |
|                 |   |                |  |                                       |                                       |
|                 |   |                |  |                                       |                                       |
|                 |   |                |  |                                       |                                       |
|                 | For Drou                                      |                |  |                                       |                                       |

| Continuation of Part XV,<br>Recipient(s) paid during the year |                                       | - Gran   | ts and Con | tributions Pai       | d During the   | e Year |
|---|---------------------------------------|----------|------------|----------------------|----------------|--------|
| Name  |                                       |          |            |                      |                |        |
| American Red Cross Central GA C                               | hapter                                |          |            |                      |                |        |
| Street  |                                       |          |            |                      |                |        |
| City  |                                       | State    | Zıp Code   | Foreign Coun         | try            |        |
| Relationship  | Foundation Status                     | <u> </u> | 1          | ,                    |                |        |
| Purpose of grant/contribution                                 |                                       |          |            |                      | Amount         | 1 500  |
| Name<br>American Red Cross GA Wiregras                        | s Chapter                             |          |            |                      | <u>- ,.l.,</u> | 1,500  |
| Street  |                                       | ····     |            |                      |                |        |
| Cıty  |                                       | State    | Zıp Code   | Foreign Coun         | try            |        |
| Relationship  | Foundation Status                     | 3        | ·          |                      |                |        |
| Purpose of grant/contribution                                 |                                       | ···      |            |                      | Amount         | 600    |
| Name America's Second Harvest of the E Street                 | ig Bend                               |          |            |                      | •              |        |
|   |                                       |          |            |                      |                |        |
| City  |                                       | State    | Zıp Code   | Foreign Coun         | ıtry           |        |
| Relationship  | Foundation Status                     | 3        |            |                      |                |        |
| Purpose of grant/contribution                                 | •                                     |          |            |                      | Amount         | 50     |
| Name  | tia Pond                              |          |            |                      |                |        |
| America's Second Harvest of the E<br>Street                   | нд Бена                               |          |            |                      |                |        |
| City  |                                       | State    | Zıp Code   | Foreign Cour         | ntry           |        |
| Relationship  | Foundation Status                     | <u> </u> | 1          |                      | <u>.</u>       |        |
| Purpose of grant/contribution                                 |                                       |          | 7*         |                      | Amount         |        |
| Name  | · · · · · · · · · · · · · · · · · · · |          |            |                      |                | 2,500  |
| AMIkids West Florida Street                                   |                                       |          |            |                      |                |        |
| City  |                                       | State    | Ton Code   | Ганалет <b>С</b> али | · · ·          |        |
|   | [5                                    |          | Zıp Code   | Foreign Cour         | y              |        |
| Relationship  | Foundation Status                     | <b>.</b> |            |                      |                |        |
| Purpose of grant/contribution                                 | . <u> </u>                            |          |            |                      | Amount         | 1,200  |
| Name Animal Shelter Foundation, Inc Street                    |                                       |          |            |                      |                |        |
| City  |                                       | State    | Zıp Code   | Foreign Cour         | ntn.           |        |
|   | IF                                    |          | Zip Code   | or eight Cour        | iu y           |        |
| Relationship  | Foundation Status                     | S        |            |                      |                |        |
| Purpose of grant/contribution                                 |                                       |          |            |                      | Amount         | 1.500  |

|                               |                   |       |          |                | <u> </u> | 25  |
|-------------------------------|-------------------|-------|----------|----------------|----------|-----|
| Name                          |                   |       |          |                |          |     |
| Bicycle Tallahassee           |                   |       |          |                |          |     |
| Street                        |                   |       |          |                |          |     |
| City                          |                   | State | Zıp Code | Foreign Countr | у        |     |
| Relationship                  | Foundation Status |       | <u> </u> | <u> </u>       |          |     |
| Purpose of grant/contribution |                   |       |          |                | Amount   |     |
| •                             |                   |       |          |                |          | 400 |

| Continuation of Part XV,                        | , Line 3a (990-PF | ) - Gran | ts and Con  | tributions Paid | <b>During th</b> | e Year |
|---|-------------------|----------|-------------|-----------------|------------------|--------|
| Recipient(s) paid during the year               | ır                |          |             |                 |                  |        |
| Name<br>Bur Bond Mooning                        |                   |          |             |                 |                  |        |
| Big Bend Hospice Street                         |                   |          |             | <u>-</u>        |                  |        |
| City  |                   | State    | Zıp Code    | Foreign Countr  | y                |        |
|   | Foundation State  |          |             |                 | •                |        |
| Relationship                                    | Foundation Statu  | 18       |             |                 |                  |        |
| Purpose of grant/contribution                   |                   |          |             |                 | Amount           | 25     |
| Name<br>Big Bend Hospice Golf Tourname          | nt                |          |             |                 | •                | -      |
| Street  |                   |          |             |                 |                  |        |
| City  |                   | State    | Zıp Code    | Foreign Countr  | у                |        |
| Relationship                                    | Foundation Statu  | JS SL    | <u>L</u>    |                 |                  |        |
| Purpose of grant/contribution                   |                   |          |             |                 | Amount           | 7 500  |
| Name Big Brothers & Big Sisters of the E Street | 3ıg Ben           |          |             |                 | 1                | 7,500  |
| City  |                   | State    | Zıp Code    | Foreign Countr  | y                |        |
| Relationship                                    | Foundation Statu  | us ex    | <u> </u>    |                 |                  |        |
| Purpose of grant/contribution                   |                   |          |             |                 | Amount           | 500    |
| Name<br>Big Brothers Big Sisters of Pinella     | s Cntv            |          |             |                 |                  | 500    |
| Street  |                   |          |             |                 |                  |        |
| City  |                   | State    | Zıp Code    | Foreign Countr  | у                |        |
| Relationship                                    | Foundation Statu  | JS SL    | .I., .      | <b>I</b>        |                  |        |
| Purpose of grant/contribution                   | L                 |          |             |                 | Amount           | 750    |
| Name  |                   |          |             |                 | 1                | 750    |
| Big Dog Rescue<br>Street                        |                   |          | <del></del> |                 |                  |        |
| Cıty  | <del></del>       | State    | Zıp Code    | Foreign Countr  | у                |        |
| Relationship                                    | Foundation State  | us<br>us |             |                 |                  |        |
| Purpose of grant/contribution                   | i                 |          |             |                 | Amount           |        |
| Name<br>Boy Scouts of America<br>Street         |                   |          |             |                 |                  | 125    |
| City  |                   | State    | Zıp Code    | Foreign Countr  | v                | ·      |
|   | Equipolotica Ot-4 |          |             |                 |                  |        |
| Relationship                                    | Foundation State  | us       |             |                 |                  |        |
| Purpose of grant/contribution                   |                   |          |             |                 | Amount           | 1,000  |

| Continuation of Part XV                    | , Line 3a (990-PF)  | - Gran      | ts and Con | tributions Pai  | d During th | e Year |
|--|---------------------|-------------|------------|-----------------|-------------|--------|
| Recipient(s) paid during the year          | ar                  |             |            |                 |             |        |
| Name                                       |                     |             |            |                 |             |        |
| Boy Scouts of America, Central G<br>Street | A Council           |             |            | <del></del>     |             |        |
| Silect                                     |                     |             |            |                 |             |        |
| City                                       |                     | State       | Zıp Code   | Foreign Cour    | ntry        |        |
| Relationship                               | Foundation Status   |             | <u> </u>   |                 |             |        |
| Relationship                               | l odridation otata. | 3           |            |                 |             |        |
| Purpose of grant/contribution              |                     |             |            |                 | Amount      |        |
|  |                     |             |            |                 |             | 1,000  |
| Name                                       | A Council           |             |            |                 |             |        |
| Boy Scouts of America, Central G<br>Street | A Council           |             |            | ***             | <del></del> |        |
|  |                     |             | ,          | ····            |             |        |
| City                                       |                     | State       | Zıp Code   | Foreign Cour    | ntry        |        |
| Relationship                               | Foundation Status   | <br>S       | 1          |                 |             |        |
| Description of secretary transfer to a     |                     |             |            | · •             | 10          |        |
| Purpose of grant/contribution              |                     |             |            |                 | Amount      | 225    |
| Name                                       |                     |             |            |                 |             |        |
| Boy Scouts of America, Gulf Ridg           | e Council           |             |            |                 |             |        |
| Street                                     | •                   |             |            |                 |             |        |
| City                                       |                     | State       | Zıp Code   | Foreign Cour    | ntry        |        |
| ·  |                     | Otato       | Zip oode   | r oreign cour   | iu y        |        |
| Relationship                               | Foundation Status   | s           |            |                 |             |        |
| Purpose of grant/contribution              | <u></u>             |             |            |                 | Amount      |        |
|  |                     |             |            |                 |             | 100    |
| Name                                       |                     |             |            |                 |             |        |
| Boy Scouts of America, Gulf Ridg           | e Council           |             |            |                 |             |        |
| Street                                     |                     |             |            |                 |             |        |
| City                                       |                     | State       | Zıp Code   | Foreign Cour    | ntry        |        |
| Deletionahin                               | Foundation State    |             |            |                 |             |        |
| Relationship                               | Foundation Status   | S           |            |                 |             |        |
| Purpose of grant/contribution              | <u>,</u>            |             |            |                 | Amount      |        |
|  |                     |             |            |                 |             | 100    |
| Name                                       | d. 0t.              |             |            |                 |             |        |
| Boys and Girls Club of Cairo/Grad          | dy County           | <del></del> |            |                 |             |        |
|  |                     |             |            |                 |             |        |
| City                                       |                     | State       | Zıp Code   | Foreign Cour    | ntry        |        |
| Relationship                               | Foundation Statu    | s s         |            | <u> </u>        |             |        |
|  |                     |             |            |                 |             |        |
| Purpose of grant/contribution              |                     |             |            |                 | Amount      | 1,000  |
| Name                                       |                     |             |            |                 |             | 1,000  |
| Boys and Girls Club of Citrus Cou          | untv                |             |            |                 |             |        |
| Street                                     | •                   |             |            |                 |             |        |
| City                                       |                     | State       | Zıp Code   | Foreign Cour    | otry.       |        |
|  |                     | Juliane     | Zip Code   | Ji Greigii Goul | y           |        |
| Relationship                               | Foundation Statu    | s           |            |                 |             |        |
| Purpose of grant/contribution              |                     |             |            |                 | Amount      |        |
| . a.pooc or grant continuation             |                     |             |            |                 | , anount    | 27     |

Foundation Status

Foreign Country

Amount

2,000

City

Relationship

Name
Central Florida Comm College Foundation
Street

City State Zip Code Foreign Country

Relationship Foundation Status

Purpose of grant/contribution Amount

Name

Challenger Learning Center
Street

City State Zip Code Foreign Country

Relationship Foundation Status

1,000

Purpose of grant/contribution

Name
Christian Service Center
Street

City
State Zip Code Foreign Country

Relationship Foundation Status

Purpose of grant/contribution

Amount
212

| CAPITAL CITY BANK GROUP FO                     | DUNDATION, INC    |             |             | 59-2276         | 367 Page | 7 of 33     |
|--|-------------------|-------------|-------------|-----------------|----------|-------------|
| Continuation of Part XV, Li                    | ne 3a (990-PF) -  | Gran        | ts and Con  | tributions Paid | During t | he Year     |
| Recipient(s) paid during the year              |                   |             |             |                 |          |             |
| Name<br>Citrus County Abuse Shelter Associat   | 100               |             |             |                 |          |             |
| Street   | 1011              |             |             |                 |          |             |
| City   |                   | Ctoto       | IZ:n Codo   | Toroign Countr  |          |             |
| Cıty   |                   | State       | Zıp Code    | Foreign Countr  | у        |             |
| Relationship                                   | Foundation Status |             |             |                 |          |             |
| Purpose of grant/contribution                  | <u></u>           |             |             |                 | Amount   | 180         |
| Name<br>Citrus Hearing Impaired Program Sen    | vices             |             |             |                 |          |             |
| Street   |                   |             |             |                 |          |             |
| City   |                   | State       | Zıp Code    | Foreign Countr  | y        |             |
|  | <u> </u>          |             | <b>_</b>    |                 | <u> </u> |             |
| Relationship                                   | Foundation Status |             |             |                 |          |             |
| Purpose of grant/contribution                  |                   |             |             |                 | Amount   | 2,000       |
| Name   |                   |             |             |                 |          |             |
| Communities in Schools of Bradford C<br>Street | Cnty              |             |             |                 |          |             |
| City   |                   | State       | Zıp Code    | Foreign Countr  | у        |             |
| Relationship                                   | Foundation Status |             | <u> </u>    |                 |          |             |
| Purpose of grant/contribution                  |                   |             | <del></del> |                 | Amount   |             |
|  |                   |             |             |                 | 1        | 1,000       |
| Name   | 2nh:              |             |             |                 |          |             |
| Communities in Schools of Bradford C<br>Street | zrity             |             |             | <del></del>     |          | <del></del> |
| City   |                   | Ctata       | Zin Codo    | Taraign Countr  |          | <del></del> |
|  |                   | State       | Zıp Code    | Foreign Countr  | у        |             |
| Relationship                                   | Foundation Status |             |             | -               |          |             |
| Purpose of grant/contribution                  | <u> </u>          |             |             | · · · ·         | Amount   |             |
|  |                   |             | ········    | <del> </del>    | L        | 1,250       |
| Name Community Aging & Retirement Serv-        | CARES             |             |             |                 |          |             |
| Street   | CAILO             |             |             |                 |          |             |
| City   |                   | State       | Zıp Code    | Foreign Countr  | ·        |             |
|  |                   | State       | Zip Code    | Poreign Count   | y<br>    |             |
| Relationship                                   | Foundation Status |             |             |                 |          |             |
| Purpose of grant/contribution                  |                   | <del></del> |             |                 | Amount   | 750         |
| Name<br>Crescent of Hernando, Inc<br>Street    |                   |             |             |                 |          |             |
|  |                   |             |             |                 |          |             |
| City   |                   | State       | Zıp Code    | Foreign Countr  | у        |             |
| Relationship                                   | Foundation Status |             | .1          | 1               |          |             |
| Purpose of grant/contribution                  |                   | _           |             |                 | Amount   |             |

Foundation Status

Foreign Country

Amount

1,000

Street

Relationship

Purpose of grant/contribution

City

Foundation Status

Foreign Country

Amount

500

City

Relationship

Foundation Status

Foreign Country

**Amount** 

2,000

City

Relationship

### Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year Recipient(s) paid during the year Name Gadsden County Humane Society Street City State Zip Code Foreign Country Relationship Foundation Status Purpose of grant/contribution Amount 60 Name Gadsden County Humane Society Street City State Zip Code Foreign Country Relationship Foundation Status Purpose of grant/contribution Amount 160 Name Gadsden County Humane Society Street City Foreign Country State Zip Code Relationship Foundation Status Purpose of grant/contribution Amount 1,000 Name Gainesville Fisher House Foundation Street City State Zip Code Foreign Country Relationship Foundation Status Purpose of grant/contribution Amount 2,000 Name **Gator Boosters** Street City State Zip Code Foreign Country Relationship Foundation Status Purpose of grant/contribution Amount 19,600 Name Gator Exchange Club Street City State Zip Code Foreign Country Relationship Foundation Status Purpose of grant/contribution Amount 500

Foundation Status

Foreign Country

Amount

1,000

Grace Ministry of Florida

Purpose of grant/contribution

Street

Relationship

City

| Continuation of Part XV, Li              | ne 3a (990-PF) -  | Gran        | ts and Con    | tributions Paid  | During th |               |
|--|-------------------|-------------|---------------|------------------|-----------|---------------|
| Recipient(s) paid during the year        |                   |             |               |                  |           |               |
| Name                                     |                   |             |               |                  |           |               |
| Grady County Habitat for Humanity Street |                   |             |               |                  |           |               |
| City                                     |                   | Ctoto       | Tun Codo      | Terroren Count   | <u> </u>  |               |
| City                                     |                   | State       | Zıp Code      | Foreign Count    | гу        |               |
| Relationship                             | Foundation Status |             |               | •                |           |               |
| Purpose of grant/contribution            |                   |             |               |                  | Amount    |               |
|  |                   |             |               |                  |           | 600           |
| Name                                     |                   |             |               |                  |           |               |
| Grady County Historical Society Street   |                   |             | <del></del>   |                  |           |               |
| City                                     |                   | Stata       | Zıp Code      | Foreign Count    | D.        | <del></del> . |
|  |                   | State       | Zip Code      | - Foreign Count  | ıy        |               |
| Relationship                             | Foundation Status |             |               |                  |           |               |
| Purpose of grant/contribution            |                   |             |               |                  | Amount    |               |
|  |                   |             | <del></del> - |                  |           | 600           |
| Name Gulf County Community Development   | Corp              |             |               |                  |           |               |
| Street                                   | Согр              |             | <del></del>   |                  |           |               |
| City                                     |                   | State       | Zıp Code      | Foreign Count    | ·D/       |               |
|  |                   | State       | Zip Code      | oreign count     | ı y       |               |
| Relationship                             | Foundation Status |             |               |                  |           |               |
| Purpose of grant/contribution            |                   | ~           |               |                  | Amount    |               |
| <del></del>                              |                   |             |               |                  |           | 500           |
| Name<br>Havana Relay for Life            |                   |             |               |                  |           |               |
| Street                                   |                   |             |               |                  |           |               |
| City                                     |                   | State       | Zıp Code      | Foreign Count    | 'n/       |               |
|  |                   | Otato       | Zip Code      | T oreign count   | y         |               |
| Relationship                             | Foundation Status |             |               |                  |           |               |
| Purpose of grant/contribution            |                   | <del></del> | ····          |                  | Amount    |               |
|  |                   |             |               |                  |           | 1,000         |
| Name Hernando County Education Foundati  | on                |             |               |                  |           |               |
| Street                                   |                   |             |               |                  |           |               |
| City                                     |                   | State       | Zıp Code      | Foreign Count    | rv        |               |
|  |                   |             |               | , or origin ocum | <u>,</u>  |               |
| Relationship                             | Foundation Status |             |               |                  |           |               |
| Purpose of grant/contribution            |                   |             |               | ····             | Amount    |               |
|  |                   |             |               |                  |           | 2,000         |
| Name<br>Hernando County Fair Association |                   |             |               |                  |           |               |
| Street                                   |                   |             |               |                  |           |               |
| Cıty                                     | <del></del>       | State       | Zıp Code      | Foreign Count    | trv       |               |
|  | Traum data : Otal |             |               |                  | ·         |               |
| Relationship                             | Foundation Status |             |               |                  |           |               |
| Purpose of grant/contribution            | -, ,,             |             | -             |                  | Amount    | 500           |

Foundation Status

Foreign Country

Amount

100

City

Relationship

Street

City State Zip Code Foreign Country

Relationship Foundation Status

Purpose of grant/contribution Amount 250

Name Leon County 4-H

Street

City State Zip Code Foreign Country

Relationship Foundation Status

Purpose of grant/contribution Amount 1,000

Amount

500

| Name Macon Area Habitat for Humanity Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of granifcontribution Amount 430  Name Macon State College Foundation Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of granifcontribution Amount 1,000  Name Maddon Youth Initiative Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of granifcontribution Amount 1,000  Name March of Dimes (Leon Country)  Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of granifcontribution Amount 1,000  Name March of Dimes (Leon Country)  Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of granifcontribution Amount 5,223  Name March of Dimes (Leon Country)  Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of granifcontribution Amount 1,000  Name March of Dimes (Leon Country)  Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of granifcontribution Amount 1,000  Name March of Dimes (Leon Country)  State Zip Code Foreign Country  Relationship Foundation Status  Purpose of granifcontribution Amount 146  Name March of Dimes North Central FL Division Street  City State Zip Code Foreign Country  Relationship Foundation Status   | Continuation of Part XV,<br>Recipient(s) paid during the year | Line 3a (990-PF) -                    | Gran        | ts and Con | tributions Pai | d During th | e Year |
|--|---|---------------------------------------|-------------|------------|----------------|-------------|--------|
| State   Zip Code   Foreign Country   |   |                                       |             |            |                |             |        |
| Street City   Foundation Status   Foundation Status   Foreign Country   Relationship   Foundation Status   Foundation Status   Purpose of grant/contribution   Amount   430  Name   Madoon State College Foundation Status   Purpose of grant/contribution   Foundation Status   Purpose of grant/contribution   Amount   1,000  Name   Madison Youth Initiative   Foundation Status   Purpose of grant/contribution   Foundation Status   Purpose of grant/contribution   Amount   1,000  Name   March of Dimes (Leon Country)   Relationship   Foundation Status   Purpose of grant/contribution   Amount   1,000  Name   March of Dimes (Leon Country)   Relationship   Foundation Status   Purpose of grant/contribution   Amount   5,223  Name   March of Dimes (Leon Country)   State   Zip Code   Foreign Country   Relationship   Foundation Status   Purpose of grant/contribution   Amount   5,223  Name   March of Dimes (Leon Country)   Relationship   Foundation Status   Purpose of grant/contribution   Amount   146  Name   March of Dimes North Central FL Division   Street   City   State   Zip Code   Foreign Country   Relationship   Foundation Status   Purpose of grant/contribution   Amount   146  Relationship   Foundation Status   Purpose of grant/contribution   Amount   147  Name   March of Dimes North Central FL Division   Street   City   State   Zip Code   Foreign Country   Relationship   Foundation Status   Purpose of grant/contribution   Amount   148  Name   March of Dimes North Central FL Division   Street   City   State   Zip Code   Foreign Country   Relationship   Foundation Status   Purpose of grant/contribution   Amount   149  Name   March of Dimes North Central FL Division   149  Name   March of Dimes North Central FL Division   149  Name   March of Dimes North Central FL Division   149  Name   March of Dimes North Central FL Division   149  Name   March of Dimes North Central FL Division   149  Name   March of Dimes North Central FL Division   149  Name   March of Dimes North Central FL Division   149  Name   March of Dimes North Ce |   |                                       |             |            |                |             |        |
| Relationship   Foundation Status   Purpose of grant/contribution   Amount   430 Name   Macon State College Foundation   Street   Zip Code   Foreign Country   Relationship   Foundation Status   Purpose of grant/contribution   Amount   1,000 Name   Madason Youth Initiative   Street   Zip Code   Foreign Country   Relationship   Foundation Status   Purpose of grant/contribution   Amount   1,000 Name   March of Dimes (Leon County)   Street   Zip Code   Foreign Country   Relationship   Foundation Status   Purpose of grant/contribution   Amount   1,000 Name   March of Dimes (Leon County)   Street   Zip Code   Foreign Country   Relationship   Foundation Status   Purpose of grant/contribution   Amount   5,223 Name   March of Dimes (Leon Country)   Street   Zip Code   Foreign Country   Relationship   Foundation Status   Purpose of grant/contribution   Amount   145 Name   March of Dimes North Central FL Division   Street   Zip Code   Foreign Country   Relationship   Foundation Status   Purpose of grant/contribution   Amount   145 Name   March of Dimes North Central FL Division   Street   Zip Code   Foreign Country   Relationship   Foundation Status   Purpose of grant/contribution   Amount   145 Name   March of Dimes North Central FL Division   Street   Zip Code   Foreign Country   Relationship   Foundation Status   Purpose of grant/contribution   Amount   145 Name   Nam |   |                                       |             |            | <del></del> -  |             |        |
| Purpose of grant/contribution 430 Name Macon State College Foundation Street City State Zip Code Foreign Country Relationship Foundation Status Purpose of grant/contribution 1,000 Name Madison Youth Initiative Street City State Zip Code Foreign Country Relationship Foundation Status Purpose of grant/contribution Amount 1,000 Name March of Dimes (Leon County) Street City State Zip Code Foreign Country Relationship Foundation Status Purpose of grant/contribution Amount 1,000 Name March of Dimes (Leon County) Street City State Zip Code Foreign Country Relationship Foundation Status Purpose of grant/contribution Amount 5,223 Name March of Dimes (Leon County) Street City State Zip Code Foreign Country Relationship Foundation Status Purpose of grant/contribution Amount 146 Name March of Dimes North Central FL Division Street City State Zip Code Foreign Country Relationship Foundation Status Purpose of grant/contribution Amount 146 Name March of Dimes North Central FL Division Street City State Zip Code Foreign Country Relationship Foundation Status   | City  |                                       | State       | Zıp Code   | Foreign Coun   | try         |        |
| Ago   Marcon   State   College Foundation  | Relationship  | Foundation Status                     |             | L          |                |             |        |
| Ago   Marcon   State   College Foundation  | District of grant and the day                                 |                                       |             |            |                | Table       |        |
| Macon State College Foundation   | Purpose of grant/contribution                                 |                                       |             |            |                | Amount      | 430    |
| City   State   Zip Code   Foreign Country    Relationship   Foundation Status    Purpose of grant/contribution   Amount    1,000    Name   Madison Youth Initiative    City   State   Zip Code   Foreign Country    Relationship   Foundation Status    Purpose of grant/contribution   Amount    Name   March of Dimes (Leon County)    Street    City   State   Zip Code   Foreign Country    Relationship   Foundation Status    Purpose of grant/contribution   Amount    State   Zip Code   Foreign Country    Relationship   Foundation Status    Purpose of grant/contribution   Amount    State   Zip Code   Foreign Country    Relationship   Foundation Status    Purpose of grant/contribution   Amount    State   Zip Code   Foreign Country    Relationship   Foundation Status    Purpose of grant/contribution   Amount    146  Name   March of Dimes North Central FL Division    Street   Zip Code   Foreign Country    Relationship   Foundation Status    Purpose of grant/contribution   Amount    146  Relationship   Foundation Status    Purpose of grant/contribution   Amount    Relationship   Foundation Status    Purpose of grant/contribution   Amount    Amount   Amount    Amount   Amount    Amount    Amount   Amount    Amoun |   |                                       |             |            |                |             |        |
| Relationship   Foundation Status   Purpose of grant/contribution   Amount   1,000   Name   Madison Youth Initiative   Street   City   State   Zip Code   Foreign Country   Relationship   Foundation Status   Purpose of grant/contribution   Amount   1,000   Name   March of Dimes (Leon County)   Street   City   State   Zip Code   Foreign Country   Relationship   Foundation Status   Purpose of grant/contribution   Amount   5,223   Name   March of Dimes (Leon County)   Street   City   State   Zip Code   Foreign Country   Relationship   Foundation Status   Purpose of grant/contribution   Amount   145   Name   March of Dimes (North Central FL Division   Street   City   State   Zip Code   Foreign Country   Relationship   Foundation Status   Purpose of grant/contribution   Amount   State   Zip Code   Foreign Country   Relationship   Foundation Status   Purpose of grant/contribution   Amount   Relationship   Relationship  | Street  |                                       |             |            |                |             |        |
| Purpose of grant/contribution  | City  |                                       | State       | Zıp Code   | Foreign Coun   | try         |        |
| 1,000  | Relationship  | Foundation Status                     | 1           | <b></b>    |                |             |        |
| Name Madison Youth Initiative Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount 1,000  Name March of Dimes (Leon County)  Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount 5,223  Name March of Dimes (Leon County)  Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount 145  Name March of Dimes North Central FL Division Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount 145  Name March of Dimes North Central FL Division Street  City State Zip Code Foreign Country  Relationship Foundation Status  | Purpose of grant/contribution                                 | <u></u>                               | <del></del> |            |                | Amount      |        |
| Madison Youth Initiative Street City State   Zip Code   Foreign Country   Relationship   Foundation Status   Purpose of grant/contribution   Amount   1,000 Name   March of Dimes (Leon County) Street City   State   Zip Code   Foreign Country   Relationship   Foundation Status   Purpose of grant/contribution   Amount   5,223 Name   March of Dimes (Leon County) Street City   State   Zip Code   Foreign Country   Relationship   Foundation Status   Purpose of grant/contribution   Amount   145 Name   March of Dimes North Central FL Division   Street City   State   Zip Code   Foreign Country   Relationship   Foundation Status   Purpose of grant/contribution   Amount   145 Name   March of Dimes North Central FL Division   Street City   State   Zip Code   Foreign Country   Relationship   Foundation Status   Purpose of grant/contribution   Amount   Amount   Amount   Amount   Amount   Amount   Amount   Amount   Amount   Relationship   Foundation Status   Purpose of grant/contribution   Amount   Amou |   | · · · · · · · · · · · · · · · · · · · |             |            |                |             | 1,000  |
| Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount 1,000  Name March of Dimes (Leon County)  Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount 5,223  Name March of Dimes (Leon County)  Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount 145  Name March of Dimes North Central FL Division  Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount 145  Name March of Dimes North Central FL Division Street  City State Zip Code Foreign Country  Relationship Foundation Status   |   |                                       |             |            |                |             |        |
| City   State   Zip Code   Foreign Country    Relationship   Foundation Status    Purpose of grant/contribution   Amount   1,000    Name   March of Dimes (Leon Country)    Relationship   Foundation Status    Purpose of grant/contribution   Amount   5,223    Name   March of Dimes (Leon Country)    State   Zip Code   Foreign Country    Relationship   Foundation Status    City   State   Zip Code   Foreign Country    Relationship   Foundation Status    Purpose of grant/contribution   Amount    Name   March of Dimes North Central FL Division    Street   City   State   Zip Code   Foreign Country    Relationship   Foundation Status    Purpose of grant/contribution   Amount    Name   March of Dimes North Central FL Division    Street   City   State   Zip Code   Foreign Country    Relationship   Foundation Status    Purpose of grant/contribution   Amount    Amount   Amount   Amount    Amount   Amount   Amount    Purpose of grant/contribution    Purpose of grant/con |   |                                       |             |            |                |             |        |
| Relationship Foundation Status  Purpose of grant/contribution   Amount   1,000  Name   March of Dimes (Leon County)  Street   City   State   Zip Code   Foreign Country    Relationship   Foundation Status    Purpose of grant/contribution   Amount   5,223  Name   March of Dimes (Leon County)  Street   City   State   Zip Code   Foreign Country    Relationship   Foundation Status    Purpose of grant/contribution   Amount   149  Name   March of Dimes North Central FL Division   Street    City   State   Zip Code   Foreign Country    Relationship   Foundation Status    Purpose of grant/contribution   Amount   149  Name   March of Dimes North Central FL Division   Street    City   State   Zip Code   Foreign Country    Relationship   Foundation Status    Purpose of grant/contribution   Amount    Purpose of grant/contribution  | Officer   |                                       |             |            |                |             |        |
| Purpose of grant/contribution   Amount   1,000   Name   March of Dimes (Leon County)   Street   State   Zip Code   Foreign Country   Relationship   Foundation Status   Purpose of grant/contribution   Amount   5,223   Name   March of Dimes (Leon County)   Street   City   State   Zip Code   Foreign Country   Relationship   Foundation Status   Purpose of grant/contribution   Amount   145   Name   March of Dimes North Central FL Division   Street   City   State   Zip Code   Foreign Country   Relationship   Foundation Status   Purpose of grant/contribution   Amount   145   Relationship   Foundation Status   Purpose of grant/contribution   Amount   P | City  |                                       | State       | Zıp Code   | Foreign Coun   | try         | •      |
| Name March of Dimes (Leon County) Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  5,223  Name March of Dimes (Leon County) Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  146  Name March of Dimes North Central FL Division Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  147  Relationship Foundation Status  Purpose of grant/contribution Foundation Status  Purpose of grant/contribution Amount  | Relationship  | Foundation Status                     | 1           |            |                |             |        |
| Name March of Dimes (Leon County)  Street  City State   Zip Code   Foreign Country    Relationship   Foundation Status    Purpose of grant/contribution   Amount    State   Zip Code   Foreign Country    Amount    5,223  Name   March of Dimes (Leon County)    Street   City   State   Zip Code   Foreign Country    Relationship   Foundation Status    Purpose of grant/contribution   Amount    Name   March of Dimes North Central FL Division    Street    City   State   Zip Code   Foreign Country    Relationship   Foundation Status    Purpose of grant/contribution   Amount    Relationship   Foundation Status    Purpose of grant/contribution   Amount    Amount   Amount    Amount   Amount    Relationship   Foundation Status    Purpose of grant/contribution   Amount    Amount   Amount    Amount   Amount    Amount   Amount    Purpose of grant/contribution   Amount    Purpose of grant/contribution   Amount    Purpose of grant/contribution   Amount    Amount   Amount    Purpose of grant/contribution   Amount    Purpose of grant/contribution   Amount    Purpose of grant/contribution    Purpose of grant/contribution   Amount    Purpose of grant/contribution   Amount    Purpose of grant/contribution   Amount    Purpose of grant/contribution   Amount    Purpose of grant/contribution    | Purpose of grant/contribution                                 |                                       |             |            |                | Amount      |        |
| March of Dimes (Leon County) Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  5,223  Name March of Dimes (Leon County)  Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  146  Name March of Dimes North Central FL Division  Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  146  Relationship Foundation Status  Purpose of grant/contribution Status  Amount Amount  Amount Amount  Amount Amount   |   |                                       | <u> </u>    |            |                | <u> </u>    | 1,000  |
| Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  5,223  Name March of Dimes (Leon County)  Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  145  Name March of Dimes North Central FL Division  Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  Purpose of grant/contribution Foundation Status  Purpose of grant/contribution Amount   |   |                                       |             |            |                |             |        |
| City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  5,223  Name March of Dimes (Leon County)  Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  149  Name March of Dimes North Central FL Division  Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  Amount  Purpose of grant/contribution Foundation Status  Purpose of grant/contribution Amount   |   |                                       |             |            |                | <u> </u>    |        |
| Relationship Foundation Status  Purpose of grant/contribution Amount 5,223  Name March of Dimes (Leon County)  Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  145  Name March of Dimes North Central FL Division  Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  Amount  Amount  Purpose of grant/contribution Foundation Status  Purpose of grant/contribution Amount   |   |                                       |             |            |                |             |        |
| Purpose of grant/contribution  Name March of Dimes (Leon County) Street  City  Relationship  Foundation Status  Purpose of grant/contribution  Amount  149  Name March of Dimes North Central FL Division  Street  City  State Zip Code Foreign Country  Amount  149  Relationship Foundation Status  Purpose of grant/contribution  Amount  Amount  Amount  Amount  Amount  Amount  Amount  Amount  | City  |                                       | State       | Zıp Code   | Foreign Coun   | try         |        |
| Name March of Dimes (Leon County)  Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  Name March of Dimes North Central FL Division  Street  City State Zip Code Foreign Country  Relationship Foundation Status   | Relationship  | Foundation Status                     | 1           |            |                |             |        |
| Name March of Dimes (Leon County)  Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  Name March of Dimes North Central FL Division  Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution  Amount  Amount  | Purpose of grant/contribution                                 |                                       |             |            |                | Amount      |        |
| March of Dimes (Leon County)  Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  Name March of Dimes North Central FL Division  Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  |   |                                       |             |            |                |             | 5,223  |
| City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  Name March of Dimes North Central FL Division  Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  |   |                                       |             |            |                |             |        |
| Relationship Foundation Status  Purpose of grant/contribution Amount  Name March of Dimes North Central FL Division  Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount   | Street  |                                       |             |            |                | •           |        |
| Purpose of grant/contribution  Amount  Name  March of Dimes North Central FL Division  Street  City  State Zip Code Foreign Country  Relationship  Foundation Status  Purpose of grant/contribution  Amount  | City  |                                       | State       | Zıp Code   | Foreign Coun   | try         |        |
| Name March of Dimes North Central FL Division  Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount   | Relationship  | Foundation Status                     | 1           |            |                |             |        |
| Name March of Dimes North Central FL Division Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  | Purpose of grant/contribution                                 |                                       |             |            |                | Amount      |        |
| March of Dimes North Central FL Division Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount   |   |                                       |             |            |                |             | 149    |
| City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  | March of Dimes North Central FL D                             | Division                              |             |            |                |             |        |
| Relationship Foundation Status  Purpose of grant/contribution Amount   | Direct  |                                       |             |            |                |             |        |
| Purpose of grant/contribution Amount   | City  | · · · · · · · · · · · · · · · · · · · | State       | Zıp Code   | Foreign Coun   | try         |        |
|  | Relationship  | Foundation Status                     | 1           | L          |                |             |        |
|  | Purpose of grant/contribution                                 | L                                     |             |            |                | Amount      |        |

| Name Name City Relationship Foundation Status Purpose of grant/contribution Relationship Foundation Status  State  | <b>Continuation of Part XV</b>    | , Line 3a (990-PF) | - Gran      | ts and Con  | tributions Paid | d During th | e Year      |
|--|-----------------------------------|--------------------|-------------|-------------|-----------------|-------------|-------------|
| Microsukee Youth Education Foundation Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Status  Purpose of grant/contribution Foundation Status  Purpose of grant/contribution Foundation Status  Purpose of grant/contribution Amount 50  Name Monticello Opera House Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount 2,56  Name Name Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount 2,56  Name Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount 2,00  Name Neighborhood Health Services, Inc Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount 1,00  Name Neighborhood Health Services, Inc Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount 1,00  Name North Florida Child Development, Inc Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount 1,00  Name North Florida Child Development, Inc Street  City State Zip Code Foreign Country  Relationship Foundation Status   | Recipient(s) paid during the year | ar                 |             |             |                 |             |             |
| State   Zip Code   Foreign Country   Relationship   Foundation Status   Purpose of grant/contribution   Amount   State   Zip Code   Foreign Country   Relationship   Foundation Status   Purpose of grant/contribution   Amount   State   Zip Code   Foreign Country   Relationship   Foundation Status   Purpose of grant/contribution   Amount   Street   City   State   Zip Code   Foreign Country   Relationship   Foundation Status   Purpose of grant/contribution   Amount   Street   Zip Code   Foreign Country   Relationship   Foundation Status   Purpose of grant/contribution   Amount   Street   Zip Code   Foreign Country   Relationship   Foundation Status   Purpose of grant/contribution   Amount   State   Zip Code   Foreign Country   Relationship   Foundation Status   Purpose of grant/contribution   Amount   State   Zip Code   Foreign Country   Relationship   Foundation Status   Purpose of grant/contribution   Amount   State   Zip Code   Foreign Country   Relationship   Foundation Status   Purpose of grant/contribution   Amount   State   Zip Code   Foreign Country   Relationship   Foundation Status   Purpose of grant/contribution   Amount   Name   North Florida Child Development, Inc   Street   Zip Code   Foreign Country   Relationship   Foundation Status   Purpose of grant/contribution   Amount   Name   North Florida Child Development, Inc   Street   Zip Code   Foreign Country   Relationship   Foundation Status   Purpose of grant/contribution   Amount   Name   North Florida Child Development, Inc   Street   Zip Code   Foreign Country   Relationship   Foundation Status   Purpose of grant/contribution   Amount   Name   North Florida Child Development, Inc   Street   Zip Code   Foreign Country   Relationship   Foundation Status   Purpose of grant/contribution   Amount   Name   North Florida Child Development, Inc   Name   Na |                                   |                    |             |             |                 |             |             |
| Relationship   Foundation Status   Amount   50   Name   Montiford Middle School PTSO   Street   Zip Code   Foreign Country   Relationship   Foundation Status   Zip Code   Foreign Country   Relationship   Foundation Status   Purpose of grant/contribution   Amount   50   Name   Montiford Opera House   Street   City   State   Zip Code   Foreign Country   Relationship   Foundation Status   Purpose of grant/contribution   Amount   2,50   Name   Nature Coast Ministries, Inc   Street   City   State   Zip Code   Foreign Country   Relationship   Foundation Status   Purpose of grant/contribution   Amount   2,00   Name   Nature Coast Ministries, Inc   Street   City   State   Zip Code   Foreign Country   Relationship   Foundation Status   Purpose of grant/contribution   Amount   2,00   Name   Name   Nature Coast Ministries   |                                   | indation           | <del></del> |             |                 |             |             |
| Relationship   Foundation Status   Amount   50   Name   Montiford Middle School PTSO   Street   Zip Code   Foreign Country   Relationship   Foundation Status   Zip Code   Foreign Country   Relationship   Foundation Status   Purpose of grant/contribution   Amount   50   Name   Montiford Opera House   Street   City   State   Zip Code   Foreign Country   Relationship   Foundation Status   Purpose of grant/contribution   Amount   2,50   Name   Nature Coast Ministries, Inc   Street   City   State   Zip Code   Foreign Country   Relationship   Foundation Status   Purpose of grant/contribution   Amount   2,00   Name   Nature Coast Ministries, Inc   Street   City   State   Zip Code   Foreign Country   Relationship   Foundation Status   Purpose of grant/contribution   Amount   2,00   Name   Name   Nature Coast Ministries   |                                   |                    |             |             |                 |             | _           |
| Purpose of grant/contribution  Name Moniford Middle School PTSO Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  50  Name Montocallo Opera House Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  2,50  Name Nature Coast Ministries, Inc Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  2,50  Name Nature Coast Ministries, Inc Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  2,00  Name Neighborhood Health Services, Inc Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  1,00  Name North Florida Child Development, Inc Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  1,00  Name North Florida Child Development, Inc Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  1,00  Name North Florida Child Development, Inc Street  City State Zip Code Foreign Country  Relationship Foundation Status  | City                              |                    | State       | Zıp Code    | Foreign Count   | try         |             |
| State   Zip Code   Foreign Country   | Relationship                      | Foundation Statu   | s           | <u> </u>    | . <u>L.</u> .   |             | <del></del> |
| State   Zip Code   Foreign Country   | Purpose of grant/contribution     |                    |             | <del></del> |                 | Amount      |             |
| Montford Middle School PTSO Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  2,50  Name Purpose of grant/contribution Status  Purpose of grant/contribution Amount  Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  2,00  Name Neighborhood Health Services, Inc Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  2,00  Name Neighborhood Health Services, Inc Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  1,00  Name North Flonda Child Development, Inc Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  1,00  Name North Flonda Child Development, Inc Street  City State Zip Code Foreign Country  Relationship Foundation Status   | - urpose of grant/contribution    |                    |             |             |                 | Amount      | 500         |
| State   Zip Code   Foreign Country   Relationship   Foundation Status   Purpose of grant/contribution   Amount   State   Zip Code   Foreign Country   Name   Monticello Opera House   Street   City   State   Zip Code   Foreign Country   Relationship   Foundation Status   Purpose of grant/contribution   Amount   Street   City   State   Zip Code   Foreign Country   Relationship   Foundation Status   Purpose of grant/contribution   Amount   Street   City   State   Zip Code   Foreign Country   Relationship   Foundation Status   Purpose of grant/contribution   Amount   Street   City   State   Zip Code   Foreign Country   Relationship   Foundation Status   Purpose of grant/contribution   Amount   Name   Neighborhood Health Services, Inc   Street   City   State   Zip Code   Foreign Country   Relationship   Foundation Status   Purpose of grant/contribution   Amount   Name   North Florida Child Development, Inc   Street   City   State   Zip Code   Foreign Country   Relationship   Foundation Status   Purpose of grant/contribution   Amount   Name   North Florida Child Development, Inc   Street   Zip Code   Foreign Country   Relationship   Foundation Status   Purpose of grant/contribution   Amount   Namount   Amount   Namount   Na |                                   |                    |             |             |                 | •           |             |
| City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount 56  Name Monticello Opera House  Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount 2,56  Name Nature Coast Ministries, Inc Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount 2,00  Name Neighborhood Health Services, Inc Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount 1,00  Name Neighborhood Health Services, Inc Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount 1,00  Name Neighborhood Health Services, Inc Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount 1,00  Name North Flonda Child Development, Inc Street  City State Zip Code Foreign Country  Relationship Foundation Status   |                                   | <del></del>        |             |             |                 |             |             |
| Relationship   Foundation Status    Purpose of grant/contribution   Amount   5t  | Street                            |                    |             |             |                 |             |             |
| Purpose of grant/contribution  | City                              |                    | State       | Zıp Code    | Foreign Count   | try         |             |
| Purpose of grant/contribution  | Relationship                      | Foundation Statu   | ıs          |             |                 |             |             |
| Name Montroello Opera House Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount 2,50  Name Nature Coast Ministries, Inc Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount 2,00  Name Neighborhood Health Services, Inc Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount 1,00  Name Neighborhood Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount 1,00  Name North Florida Child Development, Inc Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount 1,00  Name North Florida Child Development, Inc Street  City State Zip Code Foreign Country  Relationship Foundation Status   |                                   |                    |             |             |                 |             |             |
| Name Monticello Opera House Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  2,50  Name Nature Coast Ministries, Inc  Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  2,00  Name Neighborhood Health Services, Inc  Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution  Name Neighborhood Health Services, Inc  Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution  Name North Flonda Child Development, Inc  Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution  Amount  1,00  Name North Flonda Child Development, Inc  Street  City State Zip Code Foreign Country  Relationship Foundation Status   | Purpose of grant/contribution     |                    |             |             |                 | Amount      | 500         |
| Monticello Opera House Street City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount 2,50  Name Nature Coast Ministries, Inc Street City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount 2,00  Name Neighborhood Health Services, Inc Street City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount 2,00  Name Neighborhood Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount 1,00  Name North Flonda Child Development, Inc Street City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount 1,00  Name North Flonda Child Development, Inc Street City State Zip Code Foreign Country  Relationship Foundation Status   | Name                              |                    |             |             | _               |             |             |
| City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount 2.56  Name Nature Coast Ministries, Inc Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount 2,00  Name Neighborhood Health Services, Inc Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount 1,00  Name North Florida Child Development, Inc Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount 1,00  Name North Florida Child Development, Inc Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount Amount  |                                   |                    |             |             |                 |             |             |
| Relationship   Foundation Status   Purpose of grant/contribution   Amount   2,50   Name  | Street                            | <del></del>        |             |             | •               |             |             |
| Relationship   Foundation Status   Purpose of grant/contribution   Amount   2,50   Name  | City                              |                    | State       | Zıp Code    | Foreign Count   | trv         |             |
| Purpose of grant/contribution Amount 2,50  Name Nature Coast Ministries, Inc  Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount 2,00  Name Neighborhood Health Services, Inc  Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  1,00  Name North Florida Child Development, Inc Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  | _                                 |                    |             |             |                 | ,           |             |
| Name Nature Coast Ministries, Inc Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  Name Neighborhood Health Services, Inc Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  I,00  Name North Florida Child Development, Inc Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  1,00  Name North Florida Child Development, Inc Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  | Relationship                      | Foundation Statu   | IS          |             |                 |             |             |
| Name Nature Coast Ministries, Inc  Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  Name Neighborhood Health Services, Inc Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  I, 0t  Name North Florida Child Development, Inc  Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  Name North Florida Child Development, Inc  Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Foundation Status   | Purpose of grant/contribution     |                    |             | ··· -       |                 | Amount      |             |
| Nature Coast Ministries, Inc Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  Name Neighborhood Health Services, Inc Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  I, or Name North Flonda Child Development, Inc Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  I, or Name North Flonda Child Development, Inc Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount   |                                   |                    |             |             |                 | <u> </u>    | 2,500       |
| Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  2,00  Name Neighborhood Health Services, Inc  Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  1,00  Name North Florida Child Development, Inc  Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  Amount  1,00  Name North Florida Child Development, Inc Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  |                                   |                    |             |             |                 |             |             |
| Relationship   Foundation Status    Purpose of grant/contribution   Amount    Name   Neighborhood Health Services, Inc    Street   State   Zip Code   Foreign Country    Relationship   Foundation Status    Purpose of grant/contribution   Amount    Name   North Florida Child Development, Inc    Street   State   Zip Code   Foreign Country    Relationship   Foundation Status    Purpose of grant/contribution   Amount    Relationship   Foundation Status    Purpose of grant/contribution   Amount    Purpose of grant/contribution    Purp |                                   |                    |             |             |                 |             |             |
| Relationship   Foundation Status    Purpose of grant/contribution   Amount    Name   Neighborhood Health Services, Inc    Street   State   Zip Code   Foreign Country    Relationship   Foundation Status    Purpose of grant/contribution   Amount    Name   North Florida Child Development, Inc    Street   State   Zip Code   Foreign Country    Relationship   Foundation Status    Purpose of grant/contribution   Amount    Relationship   Foundation Status    Purpose of grant/contribution   Amount    Purpose of grant/contribution    Purp |                                   |                    | 1 01-1-     | 17 O I.     | le              |             |             |
| Purpose of grant/contribution  Amount  2,00  Name Neighborhood Health Services, Inc Street  City  State Zip Code Foreign Country  Relationship  Foundation Status  Purpose of grant/contribution  Amount  1,00  Name North Florida Child Development, Inc Street  City  State Zip Code Foreign Country  Relationship  Foundation Status  Amount  Amount  Amount  Amount  Amount  Purpose of grant/contribution  Amount   | City                              |                    | State       | Zip Code    | Foreign Coun    | try         |             |
| Name Neighborhood Health Services, Inc Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  Name North Florida Child Development, Inc Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  | Relationship                      | Foundation Statu   | is          |             | •               |             |             |
| Name Neighborhood Health Services, Inc Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  Name North Florida Child Development, Inc Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  | Purpose of grant/contribution     |                    |             |             |                 | Amount      |             |
| Neighborhood Health Services, Inc Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  Name North Florida Child Development, Inc Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount   |                                   | ·                  |             |             |                 | , anoun     | 2,000       |
| Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  Name North Florida Child Development, Inc  Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  |                                   |                    |             |             |                 |             |             |
| City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  Name North Florida Child Development, Inc Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount   |                                   | nc                 |             |             |                 |             | -           |
| Relationship Foundation Status  Purpose of grant/contribution Amount  Name North Florida Child Development, Inc Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  |                                   |                    |             |             |                 |             |             |
| Purpose of grant/contribution  Amount  1,00  Name North Florida Child Development, Inc  Street  City  State Zip Code Foreign Country  Relationship  Foundation Status  Purpose of grant/contribution  Amount   | City                              |                    | State       | Zıp Code    | Foreign Coun    | try         |             |
| Purpose of grant/contribution  Amount  1,00  Name North Florida Child Development, Inc  Street  City  State Zip Code Foreign Country  Relationship  Foundation Status  Purpose of grant/contribution  Amount   | Relationship                      | Foundation Statu   | <br>IS      | <u> </u>    | <u>l "</u>      |             | <u> </u>    |
| Name North Florida Child Development, Inc Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  | •                                 |                    |             |             |                 | ···         |             |
| Name North Florida Child Development, Inc Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  | Purpose of grant/contribution     |                    |             |             |                 | Amount      | 1 000       |
| North Florida Child Development, Inc Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount   | Name                              |                    |             | ····        |                 |             | 1,000       |
| City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  | North Florida Child Development   | Inc                |             |             |                 |             |             |
| Relationship Foundation Status  Purpose of grant/contribution Amount   | Street                            |                    |             |             |                 |             |             |
| Relationship Foundation Status  Purpose of grant/contribution Amount   | City                              |                    | State       | Zıp Code    | Foreign Coun    | try         |             |
| Purpose of grant/contribution Amount   |                                   | Farmanian Otal     |             |             |                 | -           |             |
|  | Relationship                      | Poundation Statu   | 15          |             |                 |             |             |
| 1 • •  | Purpose of grant/contribution     |                    |             |             |                 | Amount      | 2 000       |

| Continuation of Part XV, Lin Recipient(s) paid during the year | e 3a (990-PF) -   | Gran     | ts and Con | tributions Paid | During the  | Year        |
|--|-------------------|----------|------------|-----------------|-------------|-------------|
| Name   |                   |          |            |                 |             |             |
| North Florida Volleyball Association                           | ····              |          |            |                 |             |             |
| Street   |                   |          |            |                 |             |             |
| City   |                   | State    | Zıp Code   | Foreign Countr  | у           |             |
| Relationship   | Foundation Status | ·        | <u> </u>   | •               |             |             |
| Purpose of grant/contribution                                  |                   | _        |            |                 | Amount      | 250         |
| Name<br>People Helping People                                  |                   |          |            |                 |             |             |
| Street   |                   |          |            |                 |             |             |
| City   | ···               | State    | Zıp Code   | Foreign Countr  | у           |             |
| Relationship   | Foundation Status |          |            |                 | _           |             |
| Purpose of grant/contribution                                  |                   |          |            |                 | Amount      | 500         |
| Name Plantation Trace Dance/OffBroad Street                    | t                 |          |            |                 |             |             |
| City   |                   | State    | Zıp Code   | Foreign Countr  | у           |             |
| Relationship   | Foundation Status | I        |            |                 |             |             |
| Purpose of grant/contribution                                  | <u> </u>          |          |            |                 | Amount      | 600         |
| Name<br>Putnam County Bread of Life, Inc                       |                   |          |            |                 | .1          | 000         |
| Street   |                   |          |            |                 |             |             |
| City   |                   | State    | Zıp Code   | Foreign Countr  | у           |             |
| Relationship   | Foundation Status |          |            |                 |             |             |
| Purpose of grant/contribution                                  |                   |          | ·····      |                 | Amount      | 250         |
| Name<br>Putnam County District School Board                    |                   |          |            |                 |             |             |
| Street   |                   |          |            |                 | <del></del> |             |
| City   |                   | State    | Zıp Code   | Foreign Countr  | у           |             |
| Relationship   | Foundation Status | 1        | J          |                 |             |             |
| Purpose of grant/contribution                                  |                   |          |            |                 | Amount      | 1,500       |
| Name Pyramid, Inc Street                                       |                   |          |            |                 |             |             |
| City   |                   | State    | Zıp Code   | Foreign Countr  | у           |             |
| Relationship   | Foundation Status | <u> </u> | <u> </u>   |                 |             | <del></del> |
| Purpose of grant/contribution                                  | <u> </u>          |          |            |                 | Amount      | 500         |

| Continuation of Part XV,<br>Recipient(s) paid during the yea | Line 3a (990-PF) -  | Gran  | ts and Con    | tributions Paid |          | e Year      |
|--|---------------------|-------|---------------|-----------------|----------|-------------|
|  | •                   |       |               |                 |          |             |
| Name<br>Quincy Kiwanis Club                                  |                     |       |               |                 |          |             |
| Street   |                     |       |               |                 |          | <del></del> |
|  |                     |       |               |                 |          |             |
| City   |                     | State | Zıp Code      | Foreign Coun    | try      |             |
| Deletionalis   | Transdation Otation |       | <u> </u>      |                 |          |             |
| Relationship   | Foundation Status   |       |               |                 |          |             |
| Purpose of grant/contribution                                |                     |       |               |                 | Amount   |             |
|  |                     |       |               |                 |          | 500         |
| Name   | •                   |       | •             |                 |          |             |
| Quincy Music Theatre   |                     |       |               |                 |          |             |
| Street   |                     |       |               | -               |          |             |
| City   |                     | State | Zıp Code      | Foreign Coun    | tn.      |             |
| City   |                     | State | Zip Code      | Foreign Coun    | иу       |             |
| Relationship   | Foundation Status   |       | ٠             |                 |          |             |
|  |                     |       |               |                 |          |             |
| Purpose of grant/contribution                                |                     |       |               |                 | Amount   | 2.000       |
|  |                     |       |               |                 |          | 2,000       |
| Name   | _                   |       |               |                 |          |             |
| Raising a Healthy Child/Treats for Street                    | reens               |       | - <del></del> |                 |          |             |
| Sireet   |                     |       |               |                 |          |             |
| City   | <del></del>         | State | Zıp Code      | Foreign Coun    | try      |             |
|  |                     |       |               |                 |          |             |
| Relationship   | Foundation Status   |       |               |                 |          |             |
| Purpose of grant/contribution                                |                     |       |               |                 | Amount   |             |
| r dipose of grant/contribution                               |                     |       |               |                 | Amount   | 100         |
| Name   |                     |       |               |                 |          |             |
| Raising a Healthy Child/Treats for                           | Teens               |       |               |                 |          |             |
| Street   |                     |       |               | •               |          |             |
|  |                     |       | T-2           |                 |          |             |
| City   |                     | State | Zip Code      | Foreign Coun    | try      |             |
| Relationship   | Foundation Status   | J     | ]             |                 |          |             |
| Relationship   | T ouridation otatus |       |               |                 |          |             |
| Purpose of grant/contribution                                | •                   |       |               |                 | Amount   |             |
|  |                     |       |               |                 |          | 500         |
| Name   |                     |       |               |                 |          |             |
| Refuge House, Inc  |                     |       |               |                 |          |             |
| Street   |                     |       |               |                 |          |             |
| City   |                     | State | Zıp Code      | Foreign Coun    | trv      |             |
|  |                     | Julia |               | i Groigir Godir | ,        |             |
| Relationship   | Foundation Status   | •     |               | •               |          |             |
| D  |                     |       |               |                 | <u> </u> |             |
| Purpose of grant/contribution                                |                     |       |               |                 | Amount   | 250         |
|  |                     |       |               | <del></del>     |          | 250         |
| Name   | Poolohi             |       |               |                 |          |             |
| Relay for Life - American Cancer Street                      | ouciety             |       |               |                 |          |             |
|  |                     |       |               |                 |          |             |
| City   | y                   | State | Zıp Code      | Foreign Coun    | try      |             |
| Deleteratur  | In. 11 or 1         |       | <u> </u>      | ]               |          |             |
| Relationship   | Foundation Status   |       |               |                 |          |             |
| Purpose of grant/contribution                                | <u> </u>            |       |               | <del></del>     | Amount   | <u> </u>    |
|  |                     |       |               |                 | 1        | 300         |

|                                       | <del></del>                           |       |          |                 |     |
|---------------------------------------|---------------------------------------|-------|----------|-----------------|-----|
| Name<br>Relay for Life - Laurens Cour | ntv                                   |       |          |                 |     |
| Street                                | · · · · · · · · · · · · · · · · · · · |       |          |                 | •   |
| City                                  | <del></del>                           | State | Zıp Code | Foreign Country |     |
| Relationship                          | Foundation Status                     | 1     | <b>.</b> |                 |     |
| Purpose of grant/contribution         |                                       |       |          | Amount          | 300 |
| Name<br>Relay for Life Quincy         |                                       |       |          |                 |     |
| Street                                |                                       |       |          |                 |     |
| Cıty                                  |                                       | State | Zıp Code | Foreign Country |     |

Amount

335

Foundation Status

Relationship

Foundation Status

Foreign Country

Amount

1,000

City

Relationship

| Continuation of Part XV,<br>Recipient(s) paid during the year |  | - Gran   | ts and Con | tributions Paid                       | During th | e Year |
|---|--|----------|------------|---------------------------------------|-----------|--------|
| •                       |  |          |            |                                       |           |        |
| Name<br>Rodeheaver Boys Ranch                                 |  |          |            |                                       |           |        |
| Street  | -                                      |          |            | · · · · · · · · · · · · · · · · · · · |           |        |
| Cıty  | ······································ | State    | Zıp Code   | Foreign Count                         | n/        |        |
|   |  | State    | Zip Code   | - I oreign count                      | 'y        |        |
| Relationship  | Foundation Status                      |          |            |                                       |           |        |
| Purpose of grant/contribution                                 |  |          |            |                                       | Amount    |        |
| Name<br>Rotary District 6940<br>Street                        |  |          |            |                                       |           | 6,000  |
| City  |  | State    | Zıp Code   | Foreign Count                         | ry        |        |
| Relationship  | Foundation Status                      | 1        |            |                                       |           |        |
| Purpose of grant/contribution                                 |  |          |            |                                       | Amount    | 250    |
| Name Santa Fe College Foundation Street                       |  |          |            |                                       |           | 230    |
| City  | _                                      | State    | Zıp Code   | Foreign Count                         | ry        |        |
| Relationship  | Foundation Status                      | J        | <u> </u>   |                                       |           |        |
| Purpose of grant/contribution                                 |  |          |            |                                       | Amount    | 1,500  |
| Name<br>School of Arts and Sciences<br>Street                 |  |          |            |                                       |           |        |
| City  |  | State    | Zıp Code   | Foreign Count                         | :ry       |        |
| Relationship  | Foundation Status                      |          |            |                                       |           |        |
| Purpose of grant/contribution                                 | <b>I</b>                               |          |            |                                       | Amount    |        |
| Name  |  |          |            |                                       |           | 2,500  |
| SEED Kids, Inc<br>Street                                      |  |          |            |                                       |           |        |
| City  |  | State    | Zıp Code   | Foreign Count                         | try       |        |
| Relationship  | Foundation Status                      | <u> </u> | <u> </u>   | J                                     |           |        |
| Purpose of grant/contribution                                 |  |          |            |                                       | Amount    | 1,000  |
| Name<br>Seminole Boosters<br>Street                           |  |          |            | -                                     |           | 1,000  |
| Cıty  | · · · · · · · · · · · · · · · · · · ·  | State    | Zıp Code   | Foreign Count                         | try       |        |
| Relationship  | Foundation Status                      |          | 1          |                                       |           |        |
| Purpose of grant/contribution                                 |  | <u> </u> |            |                                       | Amount    | 24 600 |

Foundation Status

Amount

500

Relationship

| Recipient(s) paid during the year  Name Stepping Stone Child Advocacy Center Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  1,000  Name Stratford Academy Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  250  Name |
|--|
| Steeping Stone Child Advocacy Center Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  1,000  Name Stratford Academy Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  256   |
| Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  Name Stratford Academy  Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  256  |
| Relationship   Foundation Status   Purpose of grant/contribution   Amount   1,000   Name   |
| Purpose of grant/contribution Amount  1,000  Name Stratford Academy Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  250   |
| Name Stratford Academy Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount   |
| Name Stratford Academy Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount   |
| Stratford Academy Street  City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  |
| City State Zip Code Foreign Country  Relationship Foundation Status  Purpose of grant/contribution Amount  |
| Relationship Foundation Status  Purpose of grant/contribution Amount 256   |
| Purpose of grant/contribution  Amount  250   |
|  |
|  |
| Suwannee River Area Council, Boy Scouts Street   |
| City State Zip Code Foreign Country  |
| Relationship Foundation Status   |
| Purpose of grant/contribution Amount   |
| Name Suwannee River Area Council, Boy Scouts   |
| Street   |
| City State Zip Code Foreign Country  |
| Relationship Foundation Status   |
| Purpose of grant/contribution Amount   |
| Name 500   |
| Tall Timbers Research, Inc Street  |
|  |
| City State Zip Code Foreign Country  |
| Relationship Foundation Status   |
| Purpose of grant/contribution  Amount  25  |
| Name Tall Timbers Research, Inc Street   |
| City State Zip Code Foreign Country  |
| Relationship Foundation Status   |
| Purpose of grant/contribution Amount 2,00  |

Foundation Status

Foreign Country

Amount

1,000

City

Relationship

Foundation Status

Amount

500

Relationship

250

| Continuation of Part XV,<br>Recipient(s) paid during the yea | Line 3a (990-PF)  | - Gran      | ts and Con                            | tributions Pai | d During th | e Year   |
|--|-------------------|-------------|---------------------------------------|----------------|-------------|----------|
| Name The Tallahassee Community Chor                          |                   |             |                                       |                |             |          |
| Street   |                   |             |                                       |                |             |          |
| City   |                   | State       | Zıp Code                              | Foreign Cour   | ntry        |          |
| Relationship   | Foundation Status | <u> </u>    | <u> </u>                              |                |             |          |
| Purpose of grant/contribution                                |                   |             |                                       |                | Amount      | 1,000    |
| Name<br>Thomas University                                    |                   |             |                                       |                | ***         | 1,000    |
| Street   |                   |             |                                       |                |             |          |
| City   |                   | State       | Zıp Code                              | Foreign Cour   | ntry        |          |
| Relationship   | Foundation Status | <b>S</b>    | •                                     | ·              |             |          |
| Purpose of grant/contribution                                |                   |             |                                       |                | Amount      | 250      |
| Name<br>Thomas University<br>Street                          |                   |             |                                       |                | •           |          |
| Cıty   |                   | State       | Zıp Code                              | Foreign Cour   | ntry        |          |
| Relationship   | Foundation Status | <u> </u>    | .L. <u>.</u>                          |                |             | _        |
| Purpose of grant/contribution                                |                   | <del></del> |                                       |                | Amount      | 4.004    |
| Name<br>TMH Foundation                                       |                   |             |                                       |                |             | 1,000    |
| Street   |                   |             | · · · · · · · · · · · · · · · · · · · |                |             |          |
| City   | - <del></del>     | State       | Zıp Code                              | Foreign Cour   | ntry        | <u>.</u> |
| Relationship   | Foundation Status | <u> </u>    | ı                                     | <u>-</u> -     |             |          |
| Purpose of grant/contribution                                | <u></u>           |             |                                       | <del> </del>   | Amount      | 10,000   |
| Name<br>Trenton Food Pantry                                  | ••                |             |                                       |                | L           | 10,000   |
| Street   |                   |             |                                       | <del>"</del>   |             |          |
| City   |                   | State       | Zıp Code                              | Foreign Cour   | ntry        | • • • •  |
| Relationship   | Foundation Status | 3           |                                       |                |             |          |
| Purpose of grant/contribution                                |                   |             |                                       |                | Amount      | 1,000    |
| Name<br>Tri-County Toys for Tots                             |                   |             |                                       |                |             | 1,000    |
| Street   |                   |             |                                       |                |             |          |
| City   |                   | State       | Zıp Code                              | Foreign Cour   | ntry        |          |
| Relationship   | Foundation Status | 6           |                                       |                |             |          |
| Purpose of grant/contribution                                | <b>L</b>          |             |                                       | <u></u>        | Amount      | 1 000    |

Foundation Status

Foreign Country

Amount

1,000

Street

Relationship

Purpose of grant/contribution

City

Foundation Status

Foreign Country

Amount

300

City

Relationship

Foundation Status

Foreign Country

Amount

1,000

City

Relationship

Foundation Status

Foreign Country

Amount

1,500

City

Relationship

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

|        | e/                                      |              |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    | _  |    |    |    |    |    |    |    |    |    |    |    | Ţ  | $\neg$ |
|--------|---|--------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--------|
|        | Check "X" if State/<br>Local Obligation |              |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |
|        | þe                                      | ×            |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |
| 0      | FMV<br>End of Year                      |              |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |
| 25,820 | FMV FMV C Beg of Year End of Year       | 25,820       |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |
|        | Book Value<br>End of Year               |              |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |
| 25,150 | Book Value<br>Beg. of Year              | 25,150       |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |
|        | Description                             | FHLB 9/10/10 |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |
|        |   | -            | 2 | င | 4 | 2 | ဖ | 2 | 8 | 6 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 56 | 27 | 28 | 29 | 30     |

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

|   |              |              | 1,613,051   | 1,606,079   | l           | 1,835,126   |
|---|--------------|--------------|-------------|-------------|-------------|-------------|
|   |              | Num. Shares/ | Book Value  | Book Value  | FM<         | FMV         |
|   | Description  | Face Value   | Beg of Year | End of Year | Beg of Year | End of Year |
|   | COMMON STOCK |              | 1,555,781   | 1,548,809   | 1,584,637   | 1,782,887   |
|   | MUTUAL FUNDS |              | 57,270      | 57,270      | 41,791      | 52,239      |
|   |              |              |             |             |             |             |
|   |              |              |             |             |             |             |
|   |              |              |             |             |             |             |
|   |              |              |             |             |             |             |
|   |              |              |             |             |             |             |
|   |              |              |             |             |             |             |
|   |              |              |             |             |             |             |
|   |              |              |             |             |             |             |
| ı |              |              |             |             |             |             |

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

| စ္ကု    |            |             | ഉ                         |   |   |   |   |   |   |   |   |   |
|---------|------------|-------------|---------------------------|---|---|---|---|---|---|---|---|---|
| 428,280 | FMV        | End of Year | 63 428,280                |   |   |   |   |   |   |   |   |   |
| 399,8   | FMV        | Beg of Yea  | 399,8                     |   |   |   |   |   |   |   |   |   |
| 403,880 | Book Value | End of Year | 403,880                   | i |   | - |   |   |   |   |   |   |
| 378,425 | Book Value | Beg of Year | 378,425                   |   |   |   |   |   |   |   |   |   |
|         | Maturity   | Date        |                           |   |   |   |   |   |   |   |   |   |
|         | Interest   | Rate        |                           |   |   |   |   |   |   |   |   |   |
|         |            | Description | CORPORATE BONDS AND NOTES |   |   |   |   |   |   |   |   |   |
|         |            |             | -                         | 2 | 3 | 4 | 2 | 9 | 7 | 8 | 6 | 9 |

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

| 0 |           | I            |                 |                 |                  |                 |   | ī |   |   |   |    |
|---|-----------|--------------|-----------------|-----------------|------------------|-----------------|---|---|---|---|---|----|
|   |           | Compensation |                 |                 |                  |                 |   |   |   |   |   |    |
|   | Average   | SINOL        | 1               | 1               | 1                | 1               |   |   |   |   |   |    |
|   | -11-1     | ılle         | Chairman        | President       | Secretary        | Treasurer       |   |   |   |   |   |    |
|   | Foreign   | Country      |                 |                 |                  |                 |   |   | • |   |   |    |
|   | 7.0.4.    | 2lb Code     | 32301           | 32301           | 32301            | 32301           |   |   |   |   |   |    |
|   | č         | State        | 교               | FL              | FL               | FL              |   |   |   |   |   |    |
|   | ď         | SIS .        | Tallahassee     | Tallahassee     | Tallahassee      | Tallahassee     |   |   |   |   |   |    |
|   | Č         | Street       | 217 N Monroe St | 217 N Monroe St | 217 N. Monroe St | 217 N Monroe St |   |   |   |   |   |    |
|   | Check "X" | If Business  |                 |                 |                  |                 |   |   |   |   |   |    |
|   |           | Name         | William G Smith | Robert H Smith  | Brocke Hallock   | Ray A Johnson   |   |   |   |   |   |    |
|   |           |              | 7               | 7               | ო                | 4               | 2 | 9 | 7 | 8 | 6 | 10 |

CAPITAL CITY BANK GROUP FOUNDATION, INC.