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Form **990-PF**

SCANNED MAR 2 8 2012

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

Departme	nt of the Treasury Pevenue-Service Note. The foundation may	Freated as a Privat be able to use a copy of this	return to satisfy state repo	orting requirements.	<u> </u>
For cale	ndar year 2011 or tax year beginning		, and ending	·	
Name o	of foundation			A Employer identification	n number
	GGERS FAMILY FOUNDATION	-	····	20-282844	3
	and street (or P.O box number if mail is not delivered to street COMMUNITY ROAD	address)	Room/suite	B Telephone number 912-265-3	021
	town, state, and ZIP code		······································	C If exemption application is	
-	NSWICK, GA 31520]	
G Chec	k all that apply: Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organization	ns, check here
	Final return	Amended return		Foreign organizations m	secting the 85% test
	Address change	Name change		Foreign organizations m 2. check here and attach of	computation
	k type of organization: X Section 501(c)(3) ex			E If private foundation st	
		Other taxable private foundang method: X Cash	Accrual	under section 507(b)(
	·	ther (specify)	L ACCIDAL	F If the foundation is in a under section 507(b)(
▶ \$	33,521. (Part I, colu		basis.)	under section 507 (b)(I/(U), CHECK HOLE
Part		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net	(d) Disbursements for charitable purposes
		37,000.	unoonio	N/A	(cash basis only)
	Contributions, gifts, grants, etc., received Check fithe foundation is not required to attach Sch B	37,000.		N/A	
2 3	Interest on savings and temporary	5.	5.		STATEMENT 1
4	cash investments Dividends and interest from securities	3.			DIVIDUONI I
1 '	a Gross rents				
1	Net rental income or (loss)	(-1/V/-1/)			
6	Net gain or (loss) from sale of assets not on line 10	0			
Revenue 7	Gross sales price for all assets on line 6a	5 2012			
8 7	Capital gain net income (from Part IV, line 2)	- 1816 W	0.		
8 ^{تت}	Net short-term capital gain				
9	Income modifications Gross sales less returns				
10:	and allowances				
	Less Cost of goods sold				
	Gross profit or (loss)				
11	Other income Total. Add lines 1 through 11	37,005.	5.		
13	Compensation of officers, directors, trustees, etc	0.	0.		0.
14	Other employee salaries and wages				<u> </u>
15	_				
Seg 16	a Legal fees				
Sen	b Accounting fees				
Š.	c Other professional fees STMT 2	1,050.	1,050.		0.
<u>\$</u> 17					
and Administrative Expenses 16 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Taxes .				
19	Depreciation and depletion				
E 20	Occupancy Travel, conferences, and meetings				
¥ 21	Printing and publications				
E 23	Other expenses STMT 3	91.	91.		0.
atin 24	Total operating and administrative		71.		<u> </u>
Operating 23	expenses. Add lines 13 through 23	1,141.	1,141.		0.
Ö 25	•	12,650.			12,650.
26					
	Add lines 24 and 25	13,791.	1,141.		12,650.
27	Subtract line 26 from line 12:		-		
	2 Excess of revenue over expenses and disbursements	23,214.			
	Net investment income (if negative, enter -0-)		0.		
	Adjusted net income (if negative, enter -0-)	<u> </u>	<u> </u>	N/A	5 000 DE : (/
123501 12-02-11	LHA For Paperwork Reduction Act Notice, see	instructions.	1	80	Form 990-PF (2011)

Fo	m 99	OO-PF (2011) DRIGGERS FAMILY FOUNDAT			2828448 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	
<u></u>	-	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	10,307.		
	2	Savings and temporary cash investments		33,521.	33,521.
	3	Accounts receivable >			
	}	Less: allowance for doubtful accounts			
	4	Pledges receivable ►		ì	
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
	1	Less: allowance for doubtful accounts]		
S.	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments - U.S. and state government obligations			
	1	Investments - corporate stock			
	1	Investments - corporate bonds			
	11	<u> </u>			
	'	Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis			
	'	Less accumulated depreciation			
	15	Other assets (describe			
	13	Other assets (describe >			
	10	Total assets (to be completed by all filers)	10,307.	33,521.	33,521.
	17		10,307.	33,341.	33,321.
	18	Grants payable			
	19	Deferred revenue	-		
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
<u> </u>	21	Mortgages and other notes payable			
Ë	i i	Other liabilities (describe)			
		Other habilities (seconds >			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
ès	24	Unrestricted			
aŭ	25	Temporarily restricted			
Bal	26	Permanently restricted			
p		Foundations that do not follow SFAS 117, check here			
Net Assets or Fund Balances	1	and complete lines 27 through 31.			
ò	27	Capital stock, trust principal, or current funds	10,307.	33,521.	
šets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ass	29	Retained earnings, accumulated income, endowment, or other funds	0.	0.	
é	30	Total net assets or fund balances	10,307.	33,521.	
_					
_	31	Total liabilities and net assets/fund balances	10,307.	33,521.	
P	art	III Analysis of Changes in Net Assets or Fund B	Balances		
=			20		
1		I net assets or fund balances at beginning of year - Part II, column (a), line	30		10 207
^	•	st agree with end-of-year figure reported on prior year's return) r amount from Part I, line 27a			10,307. 23,214.
		r increases not included in line 2 (itemize)		2	
		lines 1, 2, and 3		3	33,521.
-		eases not included in line 2 (itemize)		5	0.
-		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	33,521.
<u> </u>					Form 990-PF (2011)

Form 990-PF (2011) DRI	<u>GGERS F</u>	AMILY FOU	NDATIO	N, INC.			<u>20</u>	<u>-2828</u>	<u>448</u>	Page 3
Part IV Capital Gains	and Losses	s for Tax on In	vestment	t Income						
 (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) 				(b) Ho P - F D - E	w acquired Purchase Donation) Date sold o., day, yr.)	
1a										
b NO	NE									
C										
d										
e						_				
(e) Gross sales price	. , ,	ciation allowed illowable)		st or other basis expense of sale				or (loss) f) minus (g)		
a										
b										
<u> </u>										
d										
е										
Complete only for assets shown	ng gain in colum	in (h) and owned by t	he foundation	on 12/31/69) Gains (Col.			
(i) F.M.V. as of 12/31/69		usted basis 12/31/69		cess of col. (1) col. (j), if any		co	. (k), but not Losses (fr	t less than - om col. (h)		
a										
b										
C										
d										
e										
2 Capital gain net income or (net ca	apitat loss)	If gain, also enter If (loss), enter -0-	in Part I, line	7	}	2				
3 Net short-term capital gain or (lo	•			•	7					
If gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8	column (c).	i sections 1222(5) air	u (o).		}					
Part V Qualification U	Inder Secti	on 4940(e) for	Reduced	Tax on Net	Inves	stment Inc	ome			
(For optional use by domestic private										
(FOI Optional use by domestic private	e louiloations se	roject to the section 4	Jio(a) lax on	The investment in	icome.)					
If section 4940(d)(2) applies, leave t	hıs part blank.									
Was the foundation liable for the sec	tion 4042 tay or	the dietributable am	nunt of any ve	ar in the bace no	riod2			Г	Vac	X No
If "Yes," the foundation does not qua					iou,			L	165	١١٥ تـمــ
1 Enter the appropriate amount in										
	Cacif Colonia for		Oliona belole	making any critic			- 	(d	1	
(a) Base period years Colondar year (or tay year beginn)	ngun) Ad	(b) Jjusted qualifying dist	ributions	Net value of no	(c) incharita	ble-use assets	100	d) Distribut ol. (b) divide	ión ratio	(c))
Calendar year (or tax year beginni 2010	ilg III)		9,800.			10,568		Ji. (D) GIVIG		58592
			4,000.			23,384				54557
2009	 		3,950.			53,460				31500
2008			3,400.			78,793				
2007			5,400.5			160,578		-		00703
2006	 		0,019.			100,576	+ +		1.4	<u> 76756</u>
2 Total of line 1, column (d)							2		14.43	32108
3 Average distribution ratio for the	=		n line 2 by 5,	or by the number	of years	5			0 0	
the foundation has been in existe	nce if less than	5 years					3	-		36422
4 Enter the net value of noncharital	ole-use assets fo	or 2011 from Part X, I	ne 5				4		6,	.880
5 Multiply line 4 by line 3							5		17	<u>,573.</u>
6 Enter 1% of net investment incor	ne (1% of Part I,	, line 27b)					6		 	0.
7 Add lines 5 and 6							7		17_	573.
8 Enter qualifying distributions fror	n Part XII, line 4						8	_		650.
If line 8 is equal to or greater than See the Part VI instructions.		ne box in Part VI, line	1b, and comp	lete that part usin	g a 1% 1	ax rate.			<u>-</u>	
200 0,12 : 31: 71 1100 0000101	 -					_		Fore	. 000_E	PE (2011)

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	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 -	see instr	uctio	ns)
1a	a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			
b	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔛 and enter 1%			0.
	of Part I, line 27b			
C	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
3	Add lines 1 and 2 3			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			0.
6	Credits/Payments:			
а	a 2011 estimated tax payments and 2010 overpayment credited to 2011 6a 6a			
b	b Exempt foreign organizations - tax withheld at source 6b			
C	Tax paid with application for extension of time to file (Form 8868)			
d	d Backup withholding erroneously withheld			
7	Total credits and payments. Add lines 6a through 6d			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
	Enter the amount of line 10 to be: Credited to 2012 estimated tax ▶ Refunded ▶ 11			
Pa	art VII-A Statements Regarding Activities			
1a	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	any political campaign?	1a_		X
b	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities.		į	
C	Did the foundation file Form 1120-POL for this year?	1c		X
d	f Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		1	
	(1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0 .			
е	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. ► \$ 0 .			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	<u> </u>	X
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	<u> </u>	_X_
4a	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	<u> </u>	X
b	o If "Yes," has it filed a tax return on Form 990-T for this year?	A 4b	<u> </u>	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	. 5	<u> </u>	X
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
	remain in the governing instrument?	6	ļ	X
7	Did the foundation have at least \$5,000 in assets at any time during the year?	7	X	
	If "Yes," complete Part II, col. (c), and Part XV.			1
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	GA			
b	o If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
	of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			_
	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV	_9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses STMT	4 10	X	

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Part VII-B Statements Regarding Activities for Which F	orm 4/20 May Be I	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				1
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	14945(e))?	Y€	es X No	1 1
(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indire			
any voter registration drive?		<u></u>	s X No	1
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Y6	s X No	1 1
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section]
509(a)(1), (2), or (3), or section 4940(d)(2)?	***	Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	for	}	i l
the prevention of cruelty to children or animals?		Ye	es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ler the exceptions described i	ın Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see instru			N/A	5Ь
Organizations relying on a current notice regarding disaster assistance check h	·			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	*	ined		
expenditure responsibility for the grant?		I/A 🔲 Ye	s No	
If "Yes," attach the statement required by Regulations section 53 4945				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	• •			
a personal benefit contract?	та, р. оо о		es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		i	66 X
If "Yes" to 6b, file Form 8870.	order borrow dombase.		<u> </u>	-
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?		s X No	,
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b
Information About Officers Directors Trust		nagers, Highly		
Part VIII Paid Employees, and Contractors	, , , , , , , , , , , , , , , , , , , ,		•	
List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	account, other allowances
	to position	enter-0-j	compensation	anowanees
SEE STATEMENT 5		0.	0.	0.
SEE STATEMENT 3		0.	<u> </u>	
	-			
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none	ontor "NONE "	l	
2 Compensation of five highest-paid employees (other than those inc	(b) Title, and average	enter NONE.	(d) Contributions to	(a) Eynense
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
170177	devoted to position	 	compensation	allowances
NONE				
				
		,		
	·			
Total number of other employees paid over \$50,000				0
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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	on Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "N	IONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		> 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical number of organizations and other beneficiaries served, conferences convened, research papers produce	information such as the ed, etc.	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on line	s 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions. 3		
Total. Add lines 1 through 3	. •	0.

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

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6

income. Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
Distributable amount for 2011 from Part XI, line 7				304.
2 Undistributed income, if any, as of the end of 2011				304.
a Enter amount for 2010 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2011:				
a From 2006 196,990.				
b From 2007 169, 460.	}			
c From 2008 111,277.				
d From 2009 72,831.				
e From 2010 59,272.				
f Total of lines 3a through e	609,830.			
4 Qualifying distributions for 2011 from				
Part XII, line 4: \triangleright \$ 12,650.				
a Applied to 2010, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2011 distributable amount	12 246			304.
e Remaining amount distributed out of corpus	12,346.			
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	622,176.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.	_	
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2010. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2011. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2012				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2006				
not applied on line 5 or line 7	196,990.			··· <u> </u>
9 Excess distributions carryover to 2012.			Į	
Subtract lines 7 and 8 from line 6a	425,186.			
10 Analysis of line 9:				
a Excess from 2007 169, 460.				
b Excess from 2008 111, 277.				
c Excess from 2009 72,831.				
d Excess from 2010 59,272.				
e Excess from 2011 12,346.				

	S FAMILY FO				28448 Page 10
Part XIV Private Operating F	.		II-A, question 9)	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective for	•	•	▶	14040(7)(0) 1	2404) 45)
b Check box to indicate whether the found		ng toundation described		4942(j)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2011	(b) 2010	Prior 3 years (c) 2009	(d) 2008	(a) Total
income from Part I or the minimum	(a) 2011	(0) 2010	(6) 2009	(u) 2000	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a				<u> </u>	
c Qualifying distributions from Part XII,					
line 4 for each year listed	·	ļ			
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities		<u> </u>			
e Qualifying distributions made directly		!			
for active conduct of exempt activities.					
Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)		-			
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info			if the foundation	n had \$5,000 or mo	ore in assets
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation who year (but only if they have contributed m			tributions received by the	e foundation before the clo	se of any tax
IRMA DRIGGERS					
b List any managers of the foundation who other entity) of which the foundation has			(or an equally large port	on of the ownership of a pa	artnership or
NONE					
2 Information Regarding Contributi Check here ► X if the foundation of the foundation makes gifts, grants, etc. (nly makes contributions	to preselected charitable	organizations and does		
a The name, address, and telephone number	per of the person to who	m applications should be	e addressed:		
b The form in which applications should b	e submitted and informat	tion and materials they s	hould include:		
c Any submission deadlines;			· · · · · · · · · · · · · · · · · · ·		
d Any restrictions or limitations on awards	s, such as by geographica	al areas, charitable fields	, kinds of institutions, or	other factors:	
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3 Grants and Contributions Paid During th		Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of	contribution	Amount
	or substantial contributor	recipient	 	
a Paid during the year				
GLYNDALE BAPTIST	NONE		GENERAL	
132 BUTLER DRIVE				
BRUNSWICK GA 31523				10,400
,				
MORNINGSTAR TREATMENT CENTER	NONE		GENERAL	
100 MARSH DRIVE BRUNSWICK, GA 31523				
BRUNSWICK, GA 31323				1,000
ST. SIMONS CHRISTIAN SCHOOL	NONE		GENERAL	
1060 COQUINA CIRCLE				
ST. SIMONS ISLAND, GA 31522				1,000
AMERICAN HEART ASSOCIATION	NONE			
7272 GREENVILLE AVE	NONE		GENERAL	
DALLAS, TX 75231				100
,				100
THE HERITAGE FOUNDATION	NONE		GENERAL	
4265 NORWICH STREET				
BRUNSWICK GA 31520 Total SEE C	ONTINUATION SHEE	m/S)	▶ 3a	100
b Approved for future payment	ORTITION DILLI	1 () /	Ja	12,650
c , pp. o. o. io. io. io. poj. iio. ii				
NONE				
	}			
				
			<u> </u>	

Part XV Supplementary Information						
3 Grants and Contributions Paid During the Y						
. Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor Name and address (home or business) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Purpose of grant or contribution						
Name and address (home or business)	or substantial contributor	recipient	Contribution	Amount		
MD ANDERSON CANCER CENTER	NONE		GENERAL			
1515 HOLCOMBE BLVD						
HOUSTON, TX 77030				50.		
				1		
	<u> </u>					
				}		
				İ		
	<u> </u>					
Total from continuation sheets	· · · · · · · · · · · · · · · · · · ·			50		
- otar nom continuation succes				50.		

Analysis of Income-Produ	ucing Activitie	es			
gross amounts unless otherwise indicated.		usiness income		y section 512, 513, or 514	(e)
	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exemp
rogram service revenue:	code	Amount	code	Amount	function income
	-				
	-		 		
			 		
	-				 -
Fees and contracts from government agencies	-		1-1-		
embership dues and assessments			1	-	
terest on savings and temporary cash			 		
vestments			14	5.	
vidends and interest from securities			 		
et rental income or (loss) from real estate:					· · · · · · · · · · · · · · · · · · ·
Debt-financed property					
Not debt-financed property					
et rental income or (loss) from personal					
operty					
ther investment income					
ain or (loss) from sales of assets other					
an inventory			+		
et income or (loss) from special events ross profit or (loss) from sales of inventory		 ·	-		
ther revenue:			 		
	·				
					·
					· · · · · · · · · · · · · · · · · · ·
ubtotal. Add columns (b), (d), and (e)		0.	,	5.	
otal. Add line 12, columns (b), (d), and (e)				13	
worksheet in line 13 instructions to verify calculations.)					
rt XVI-B Relationship of Activities	to the Accom	plishment of E	xempt Pu	ırposes	
B. Carlanda barranda da sabarranda da sabarr		-l (a) -(D+)0() 4			habana akad
No. Explain below how each activity for which income the foundation's exempt purposes (other that			A contributed	importantly to the accomp	olishment of
and realization of exempt perpension (error and					
				· · · · · · · · · · · · · · · · · · ·	

123621 12-02-11

Form **990-PF** (2011)

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

	organization unectly or mun					ction 30 i(c) of	1	103	140
the Cod	e (other than section 501(c))(3) organizations)	or in section 52	27, relating to political orga	inizations?				1
a Transfer	rs from the reporting found:	ation to a nonchari	table exempt or	ganization of:					l
(1) Cas	sh						1a(1)		X
(2) Oth	er assets .						1a(2)		X
b Other tra	ansactions:								
(1) Sale	es of assets to a noncharital	ble exempt organiz	zation .				1b(1)		х
(2) Pur	rchases of assets from a no	ncharitable exemp	t organization				1b(2)		X
(3) Rer	ntal of facilities, equipment,	or other assets					1b(3)		X
	mbursement arrangements					·	1b(4)		X
(5) Loa	ans or loan guarantees						1b(5)		X
	formance of services or me	mbership or fundr	aisına solicıtatıd	ons			1b(6)		X
	of facilities, equipment, ma						1c		X
•		-		· ·	lwave show the fair	market value of the goods,		ete	
	-				-	on or sharing arrangement, s		010,	
	(d) the value of the goods,			od 1000 triari lasi irrainot var	ioc in any transacti	on or onaring arrangement, s	11011 111		
a) Line no	(b) Amount involved			e exempt organization	(d) Descripti	on of transfers, transactions, and	sharing arr	anceme	
2,2	(b) / anount involved	(0)	N/A		(e) beaupi	011 01 0 0 0 0 1 0 1 0 1 0 1 0 1 0 1 0	312119 21	a ige ne	
			M/A	 	- 				
			<u> </u>						
-				_		· · · · · · · · · · · · · · · · · · ·			
		· · · · · · · · · · · · · · · · · · ·		· · · · · ·					
							_		
									
									
-									
				·····					
2a Is the fo	undation directly or indirect	tly affiliated with in	r related to one	or more tay-exempt organ	izations described				
	on 501(c) of the Code (other	•			nzations accombed	Г	Yes	X] No
	, ,	•	C)(O)) OI III 3601	11011 JZ1 :		L		LA	טאו נ
D II TES,	complete the following sche (a) Name of org			(b) Type of organization	T	(c) Description of relations			
		anzanon		(b) Type of organization		(c) Description of relations	пр		
	N/A								
						· · · · · · · · · · · · · · · · · · ·			
	 			L					
and	ler penalties of perjury, I declare to belief, it is true correct, and com-					May	the IRS d	scuss th	nis
Sign 👢		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	propera (onia nia	-1.1.		sho	rn with the <u>wn</u> below (prepare see insti	r)?
Here	7		111	- 31112	DIREC	TOR	Yes		No
Sı	gnature of officer or trustee		110	Date	Title			-	
	Print Type preparer's na	ime	Preparer's s	gature	Date	Check If PTIN			
	CHRISTOPHE	R B.	/ KOW	5	a locker	self- employed			
Paid	THOMAS		7		7/4/1	P00	359	386	
Preparer		RE STEPH	ENS TIL	LER LLC	·	Firm's EIN ► 58-06			
Use Only									
	^ <u> </u>	12 NEWCA	STLE ST	REET, SUITE	200		·		
	• • • • • • • • • • • • • • • • • • •	UNSWICK,		-	200	Phone no. 912-2	65-	1750	n
	ı DK	OHDHICK,	GW DID	40			m 990 -		
						FOI	III 220.	-rr (2	2011)

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

OMB No 1545-0047

2011

Employer identification number

20-2828448 DRIGGERS FAMILY FOUNDATION, INC. Organization type (check one): Filers of: Section: Form 990 or 990-EZ ____ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation 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 II. 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, total 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 total 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, chantable, 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 Part I, 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).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

Employer identification number

DRIGGERS FAMILY FOUNDATION, INC.

20-2828448

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	IRMA DRIGGERS 3805 COMMUNITY ROAD BRUNSWICK, GA 31520	\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
			Person Payroll Oncash Complete Part II if there is a noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
			Person Payroll Noncash (Complete Part II of there is a noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Oncash Complete Part II if there is a noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)		

Name of organization

Employer identification number

DRIGGERS FAMILY FOUNDATION, INC

20-2828448

Part II	Noncash Property (see instructions) Use duplicate copies of F	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		*	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

lame of organization			-	Employer identification number	
ORIGGERS FAMILY FOU	NDATION, IN	ıc.		20-2828448	
Part III Exclusively religious, of year. Complete columns of the total of exclusively results to the unique to the total of exclusively results to the total of exclusively religious, or the total or the exclusively religious, or the total or the exclusively religious, or the exclusively religious, or the exclusively religious, or the exclusive religious re	ligious, charitable, etc., ci	ontributions of \$1,000 or less fo	c)(7), (8), or (10) organization ions completing Part III, enter or the year. (Enter this information onco	ons that total more than \$1,000 for the	
(a) No. from Part I (b) Purpose o		(c) Use of gift		(d) Description of how gift is held	
		(e) Transfer of gi	ift		
Transferee's	name, address, and 2	-		nsferor to transferee	
(a) No. from (b) Purpose of Part I	f gift	(c) Use of gift	(d) Desc	ription of how gift is held	
Transferee's	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee			nsferor to transferee	
(a) No. from (b) Purpose of Part I	f gift	(c) Use of gift	(d) Desc	ription of how gift is held	
	(e) Transfer of gift				
Transferee's I	name, address, and Z	CIP + 4	Relationship of tra	nsferor to transferee	
(a) No. from (b) Purpose of Part I	gift	(c) Use of gift	(d) Desc	ription of how gift is held	
	(e) Transfer of gift				
Transferee's I	name, address, and Z	IIP + 4	Relationship of trai	nsferor to transferee	

					
FORM 990-PF .INTEREST ON SAVI	INGS AND TEM	PORARY CASH I	NVESTMENTS	STATEMENT	1
SOURCE				AMOUNT	
COASTAL BANK TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A					5.
					5.
FORM 990-PF C	THER PROFES	SIONAL FEES		STATEMENT	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM		
LEGAL AND ACCOUNTING	1,050.	1,050.			0.
TO FORM 990-PF, PG 1, LN 16C	1,050.	1,050.			0.
FORM 990-PF	OTHER E	XPENSES		STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			
BANK CHARGES LICENSES AND DUES	41. 50.	41. 50.			0.
TO FORM 990-PF, PG 1, LN 23	91.	91.			0.

	SUBSTANTIAL CONTRIE PART VII-A, LINE 10	JBSTANTIAL CONTRIBUTORS F VII-A, LINE 10		
NAME OF CONTRIBUTOR	ADDRESS			
IRMA DRIGGERS	3805 COMMUNIT BRUNSWICK, GA			
	LIST OF OFFICERS, IS AND FOUNDATION MANA		STAT	EMENT 5
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
IRMA DRIGGERS 3805 COMMUNITY ROAD BRUNSWICK, GA 31520	BOARD MEMBER 1.00	0.	0.	0.
TERRY DRIGGERS 3805 COMMUNITY ROAD BRUNSWICK, GA 31520	BOARD MEMBER 1.00	0.	0.	0.
JANET COUNTS 3805 COMMUNITY ROAD BRUNSWICK, GA 31520	BOARD MEMBER 1.00	0.	0.	0.
JEFFERY COUNTS 3805 COMMUNITY ROAD BRUNSWICK, GA 31520	BOARD MEMBER 1.00	0.	0.	0.
JASON COUNTS 3805 COMMUNITY ROAD BRUNSWICK, GA 31520	BOARD MEMBER 1.00	0.	0.	0.
COREY DRIGGERS 3805 COMMUNITY ROAD BRUNSWICK, GA 31520	BOARD MEMBER 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PA	GE 6, PART VIII	0.	0.	0.