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## 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

2011

го	r cai	endar year 2011 or tax year beginning	, an	a enaing						
Na	me of	foundation			A Empl	loyer	ident	ification nu	mber	
CAPITAL CITY BANK GROUP FOUNDATION, INC						59-2276367				
Number and street (or P O box number if mail is not delivered to street address)				Room/suite	B Telep	hone	num	ber (see inst	ructions)	
21	7 <u>NC</u>	RTH MONROE STREET					(	850) 402-	7764	
Cr	ly or to	own, state, and ZIP code			C If exer	mptioi	n app	lication is pe	ending, check here	<b>. ▶</b> 🔲
		HASSEE	FL 3	32301						
G	Che	ck all that apply 🔲 Initial return 🔲 Initia	al return of a former p	ublic charity	D 1 For	eign o	organ	izations, che	ck here	▶ 🔲
		☐ Final return ☐ Ame	ended return		2. For	reign d	organ	izations med	eting the 85% test	
		Address change Nan	ne change		che	ck he	re an	d attach con	nputation	▶∐
Н	Che	ck type of organization X Section 501(c)(3) exe	mpt private foundation	n	E If priva	ate fo	undat	ion status w	as terminated	
	] Se	ction 4947(a)(1) nonexempt charitable trust 🔃 🤇	Other taxable private f	oundation	under	section	on 50	7(b)(1)(A), c	heck here	▶ [
$\overline{}$	Fair	market value of all assets at end J Accounting	method X Cash	Accrual	F If the	found	ation	ıs ın a 60-m	onth termination	
		ear (from Part II, col (c),			under	section	on 50	7(b)(1)(B), c	heck here	▶ 🔃
-		16) ► \$ 2,363,382 (Part I, column (		s)	<u> </u>				(d) Disharasa	
Pä	irt I	Analysis of Revenue and Expenses (The total of	(a) November and	(b) Net investm	nent	(c)	Adius	sted net	(d) Disbursen for charitat	
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	income		income			purposes	5
	_	· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>						(cash basis o	nly)
	1	Contributions, gifts, grants, etc , received (attach schedule)	126,993			-		55.		<del></del>
	2	Check ▶ if the foundation is not required to attach Sch B	19,335	10	9,335		-	-KE	EIVED	
	3	Interest on savings and temporary cash investments  Dividends and interest from securities	33,536		3,536		H			70
	1 '	a Gross rents	33,330		0		28	JUN	1 8 2012	OSC
	-	b Net rental income or (loss)					~		1 17 7 11 12	S
e	6	a Net gain or (loss) from sale of assets not on line 10	47,984			$\neg$	-			<u> </u>
Revenue		b Gross sales price for all assets on line 6a 304,286						ÖĞE	EN. UT	
è	7	Capital gain net income (from Part IV, line 2)		4	7,984					
-	8	Net short-term capital gain						0		
	9	Income modifications								
	10	Gross sales less returns and allowances								
		b Less Cost of goods sold 0								
	1	c Gross profit or (loss) (attach schedule)	0							
	11	Other income (attach schedule)	500		<u> </u>			0		
	12	Total. Add lines 1 through 11	228,348	100	0,855			0	ļ	
S	13	Compensation of officers, directors, trustees, etc	0						<u> </u>	
Expenses	14	Other employee salaries and wages	ļ							
De	15	Pension plans, employee benefits	0		0			0		0
		a Legal fees (attach schedule)	0		0			0		0
tive E	:	b Accounting fees (attach schedule)     C Other professional fees (attach schedule)	1,200	···	0			0		0
	17	Interest	1,200		<u> </u>					<u>_</u>
	17 18 19 20 21	Taxes (attach schedule) (see instructions)	0		0	•		0		0
֓֞֞֞֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֓֓֡֓֓֓֡֓֡֓	19	Depreciation (attach schedule) and depletion	o		0			0		
Admi.	20	Occupancy .								
ृ ₹	21	Travel, conferences, and meetings								
~ <u>F</u>	22	Printing and publications								
Derating and	23	Other expenses (attach schedule)	61		0			0		0
oerating a	24	Total operating and administrative expenses.								
ž Š		Add lines 13 through 23	1,261		0			0	<del></del>	0
<b>*</b> 30		Contributions, gifts, grants paid .	249,047		<del></del> -					<u>49,047</u>
″ <u> </u>	120	Total expenses and disbursements. Add lines 24 and 25.	250,308		0			0	2.	<u>49,047</u>
	27	Subtract line 26 from line 12								
		a Excess of revenue over expenses and disbursements .	-21,960					. — —	<del> </del>	
		b Net investment income (if negative, enter -0-)		10	0,855				<del> </del>	
	1.	c Adjusted net income (if negative, enter -0-)						0	L	_

For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2011)

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	Eliu	
		Should be for end-or-year amounts only (oee institutions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	420	455	355
	2	Savings and temporary cash investments	206,849	97,890	97,890
	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 instructions)	0	0	0
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts	0	0	0
Ş	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			<u> </u>
¥	10 a	Investments—U.S. and state government obligations (attach schedule)	0	0	0
	k	b Investments—corporate stock (attach schedule)	1,606,079	1,639,516	1,797,330
	0	Investments—corporate bonds (attach schedule)	403,880	453,625	467,807
	11	Investments—land, buildings, and equipment basis			
		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 ▶0			
	1	Less accumulated depreciation (attach schedule) ▶0	0	0	0
	15	Other assets (describe ► See Attached Statement )	0	0	0
	16	Total assets (to be completed by all filers—see the			
		instructions Also, see page 1, item i)	2,217,228	2,191,486	2,363,382
	17	Accounts payable and accrued expenses	20,957	17,175	
"	18	Grants payable .			
Liabilities	19	Deferred revenue			
Ē	20	Loans from officers, directors, trustees, and other disqualified persons	0	0	
ap	21	Mortgages and other notes payable (attach schedule)	0	0	
	22	Other liabilities (describe  )	0	0	
	23	Total liabilities (add lines 17 through 22)	20,957	17,175	
		Foundations that follow SFAS 117, check here			
9	,	and complete lines 24 through 26 and lines 30 and 31.			
<u>a</u>	24	Unrestricted	2,196,271	2,174,311	
ᇛ	25	Temporarily restricted .			
5	26	Permanently restricted			
Fund Balances		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
Net Assets or	27	Capital stock, trust principal, or current funds	o	0	
Ş	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
Se	29	Retained earnings, accumulated income, endowment, or other funds			
Š	30	Total net assets or fund balances (see instructions)	2,196,271	2,174,311	
et	31	Total liabilities and net assets/fund balances (see			
Z		instructions) .	2,217,228	2,191, <u>486</u>	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances			
		net assets or fund balances at beginning of year-Part II, column (a), line	30 (must agree with		
		of-year figure reported on prior year's return)		1	2,196,271
2		amount from Part I, line 27a .		2	-21,960
3				3	0
		ines 1, 2, and 3		4	2,174,311
				5	0
		net assets or fund balances at end of year (line 4 minus line 5)—Part II, c		6	2,174,311
	. 5.67	The state of the s	\-/,		2,174,311

(a) List and describe th	nd Losses for Tax on Investi e kind(s) of property sold (e g , real estate, ise, or common stock, 200 shs MLC Co)	(b) F	How acquired —Purchase —Donation	(c) Date acquired (mo , day, yr )	d (d) Date sold (mo , day, yr )
1a See Attached Statement			Jonanon .		
b					
c					
d	<u> </u>			<u></u>	
е	<del></del>				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or othe plus expense of			Gain or (loss) us (f) minus (g)
<b>a</b> 0	· · · · · · · · · · · · · · · · · · ·		0		
<u>b</u> 0	<del></del>		0		0
<b>c</b> 0 <b>d</b> 0	<del></del>		0		
e 0			- 0	•	
<del></del>	ving gain in column (h) and owned by	the foundation or		(I) Gains	(Col. (h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of over col (j), r	col (ı)	col (k), bu	t not less than -0-) or es (from col (h))
<b>a</b> 0	0		0		(
<b>b</b> 0	0		0		
<b>c</b> 0			0		(
d 0	· · · · · · · · · · · · · · · · · · ·		0		
<b>e</b> 0	\		0		(
2 Capital gain net income or	(net capital loss) If (loss), en	enter in Part I, I ter -0- in Part I, I	7 1	2	47,984
, •	or (loss) as defined in sections 1 line 8, column (c) (see instruction		er -0- }	3	-829
	der Section 4940(e) for Redu	cod Tay on N	et Investme	nt Income	-028
If "Yes," the foundation does n	he section 4942 tax on the distrib ot qualify under section 4940(e)	Do not complete	this part		· · · · · · · · · · · · · · · · · · ·
(a)	ount in each column for each yea	T, see the instru		making any em	(d)
Base period years	(b) Adjusted qualifying distributions	Net value of nor	(c) ncharitable-use a	seate	Distribution ratio
Calendar year (or tax year beginning	<u>in)                                     </u>		•	(col	(b) divided by col (c))
2010 2009	255,09 304,34		2,365 1,834		0 107859 0 165883
2008	364,9	_	2,222		0 164234
2007	373,9		2,441		0 153180
2006	317,9		2,084		0 152513
2 Total of line 1, column (d)				2	0 743669
	or the 5-year base period—divide undation has been in existence if			3	0 148734
4 Enter the net value of nonc	chantable-use assets for 2011 fro	m Part X, line 5		4	2,380,823
5 Multiply line 4 by line 3			•	5	354,109
6 Enter 1% of net investmen	t income (1% of Part I, line 27b)			6	1,009
7 Add lines 5 and 6				7	355,118
8 Enter qualifying distribution If line 8 is equal to or great the Part VI instructions	ns from Part XII, line 4 er than line 7, check the box in P	 art VI, line 1b, a	nd complete	8 that part using a	249,047 a 1% tax rate See

Page 3

Pai	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—se	e instru	ctions	<u>s)</u>			
1 a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1				i		
	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% of Part I, line 27b			,017			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%			ŀ			
	of Part I, line 12, col (b)			l			
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		2	,017			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)						
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	<u> </u>	2	,017			
6	Credits/Payments			l			
а	2011 estimated tax payments and 2010 overpayment credited to 2011 6a 2,524						
b	Exempt foreign organizations—tax withheld at source 6b						
С	Tax paid with application for extension of time to file (Form 8868)  6c 0			1			
d	Backup withholding erroneously withheld 6d						
7	Total credits and payments Add lines 6a through 6d		2	2,524			
8	Enter any penalty for underpayment of estimated tax. Check here			0			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<u> </u>		0			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			507			
11	Enter the amount of line 10 to be Credited to 2012 estimated tax ► 507 Refunded ► 11			0			
Pai	t VII-A Statements Regarding Activities						
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No		
	participate or intervene in any political campaign?		1a		X		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the						
_	instructions for definition)?						
	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						
c Did the foundation file Form 1120-POL for this year?					X		
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year						
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$						
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed						
	on foundation managers > \$		l				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X		
	If "Yes," attach a detailed description of the activities						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles						
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X		
<b>4</b> a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a	<u> </u>	Х		
b	If "Yes," has it filed a tax return on Form 990-T for this year?		4b	N/A			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		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		1 -				
	that conflict with the state law remain in the governing instrument?		6	Х			
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and F	Part XV	7	Х			
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions)						
	FL			,			
t	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	<u> </u>		
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,"		_		l		
	complete Part XIV .		9		<u> </u>		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing						
	their names and addresses		10		X		
			QQ	A DE			

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

purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?

4b

Form 990-PF (2011) CAPITAL CITY BANK GROU	P FOUNDATION, IN	С	5	59-2276367 Page <b>6</b>
Part VII-B Statements Regarding Activitie			equired (continued)	
<ul> <li>5a During the year did the foundation pay or incur any</li> <li>(1) Carry on propaganda, or otherwise attempt to</li> <li>(2) Influence the outcome of any specific public on, directly or indirectly, any voter registration</li> </ul>	amount to oinfluence legislation (election (see section 49	section 4945(e))?	Yes X	] No
<ul> <li>(3) Provide a grant to an individual for travel, stu</li> <li>(4) Provide a grant to an organization other than in section 509(a)(1), (2), or (3), or section 494</li> </ul>	a charitable, etc , orga	nization described	Yes X	No No
(5) Provide for any purpose other than religious, educational purposes, or for the prevention of	of cruelty to children or	animals?		] No
b If any answer is "Yes" to 5a(1)–(5), did any of the temperature Regulations section 53 4945 or in a current notice Organizations relying on a current notice regarding to the answer is "Yes" to question 5a(4), does the feat as because it maintained expenditure responsibility.	regarding disaster assi disaster assistance choundation claim exemp by for the grant?	stance (see instruction leck here tion from the		5b N/A No
<ul> <li>If "Yes," attach the statement required by Regulation</li> <li>Did the foundation, during the year, receive any fur premiums on a personal benefit contract?</li> <li>Did the foundation, during the year, pay premiums,</li> </ul>	nds, directly or indirectl	y, to pay		] No   X
If "Yes" to 6b, file Form 8870	, directly of indirectly, o	ii a personai benenii	Contract	
7a At any time during the tax year, was the foundation	n a party to a prohibited	tax shelter transaction	on? Yes X	No No
b If "Yes," did the foundation receive any proceeds o	or have any net income	attributable to the tra	nsaction?	7b
Part VIII Information About Officers, and Contractors	·			id Employees,
1 List all officers, directors, trustees, founda				т
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
William G Smith	Chairman		_	
217 N Monroe St Tallahassee FL 32301	1 00 President	0		0
Robert H Smith 217 N Monroe St Tallahassee FL 32301	1 00	0	(	0
Brooke Hallock	Secretary			
217 N Monroe St Tallahassee FL 32301	1 00	0	(	0
Ray A Johnson 217 N Monroe St Tallahassee FL 32301	Treasurer 1 00	0	(	0
2 Compensation of five highest-paid employ enter "NONE."		ose included on li	ne 1—see instructions).	<del>'                                    </del>
(a) Name and address of each employee paid more than \$50,	(b) Title, and avera ,000 hours per week devoted to position	(c) Compensate	on (d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000

▶

Form 990-PF (2011) CAPITAL CITY BANK GROUP FOUNDATION, INC		59-2276367 Page 7
Part VIII Information About Officers, Directors, Trustees,	Foundation Managers, Highly Paid	l Employees,
and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (see		
(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 professional services	<b>&gt;</b>	
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant the number of organizations and other beneficianes served, conferences convened, research is		Expenses
1 N/A		
2		
3		
	***************************************	
*		
Part IX-B Summary of Program-Related Investments (see	instructions)	,,,
Describe the two largest program-related investments made by the foundation during the tax ye	ear on lines 1 and 2	Amount
1 N/A		
2		
All other program-related investments. See instructions		
3		
•••••		•
Total. Add lines 1 through 3	<b>-</b>	0

Form 990-PF (2011) Page 8 CAPITAL CITY BANK GROUP FOUNDATION, INC 59-2276367 Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, Part X see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes 2,264,272 1a Average monthly fair market value of securities b Average of monthly cash balances 1b 152,807 c Fair market value of all other assets (see instructions) 1c 2,417,079 d Total (add lines 1a, b, and c) 1d Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 1e 2 Acquisition indebtedness applicable to line 1 assets 2 3 Subtract line 2 from line 1d 3 2,417,079 Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see 36,256 Net value of noncharitable-use assets, Subtract line 4 from line 3. Enter here and on Part V, line 4. 5 2,380,823 6 119,041 Minimum investment return. Enter 5% of line 5 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating Part XI foundations and certain foreign organizations check here 

I and do not complete this part ) 1 1 119,041 Minimum investment return from Part X, line 6 2.017 2a Tax on investment income for 2011 from Part VI, line 5 b Income tax for 2011 (This does not include the tax from Part VI) 2c 2,017 Add lines 2a and 2b C 117,024 3 Distributable amount before adjustments Subtract line 2c from line 1 4 4 Recoveries of amounts treated as qualifying distributions 5 5 117,024 Add lines 3 and 4 6 6 Deduction from distributable amount (see instructions) 7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1 7 117,024 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 1a 249,047 Expenses, contributions, gifts, etc —total from Part I, column (d), line 26 1b b Program-related investments—total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required) 3a **b** Cash distribution test (attach the required schedule) 3b 0 249,047 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

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

income Enter 1% of Part I, line 27b (see instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4

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

5

6

249,047

5

6

a Excess from 2007

**b** Excess from 2008

c Excess from 2009 .

d Excess from 2010 . . . e Excess from 2011

253,850 254,797

213,089

138,154

132,023

	n 990-PF (2011) CAPITAL CITY BANK GRO				59-227	
	t XIV Private Operating Foundations (s			uestion 9)		N/A
1 a	If the foundation has received a ruling or determin foundation, and the ruling is effective for 2011, entitle the second section of the foundation of the ruling is effective for 2011, entitle the foundation has received a ruling or determine the foundation has ruling in the rulin			<b>▶</b>	<u></u>	
	Check box to indicate whether the foundation is a	private operating four	ndation described ii	n 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		(e) Total
	investment return from Part X for each	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
	year listed	0	0	0	0	0
b	85% of line 2a	0	0	0	0	0
С	Qualifying distributions from Part XII,					
d	line 4 for each year listed  Amounts included in line 2c not used directly for active conduct of exempt activities	0	0	0	0	0
٥	Qualifying distributions made directly		-			0
Ĭ	for active conduct of exempt activities Subtract line 2d from line 2c	o	0	0	0	0
3	Complete 3a, b, or c for the alternative test relied upon "Assets" alternative test—enter		-			
	(1) Value of all assets				1	0
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	0	0	0	0	0
С	"Support" alternative test—enter	<u> </u>				<u> </u>
-	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0
	(3) Largest amount of support from an exempt organization		<del></del>			0
	(4) Gross investment income					0
Pa	rt XV Supplementary Information (Co	mplete this part	only if the four	ndation had \$5,	000 or more in	
	assets at any time during the ye	ar—see instruct	tions.)			
	Information Regarding Foundation Manage List any managers of the foundation who have conbefore the close of any tax year (but only if they have be List any managers of the foundation who own 109).	ntributed more than 2 ave contributed more 6 or more of the stock	than \$5,000) (See	section 507(d)(2)) or an equally large po		
	ownership of a partnership or other entity) of whic	n the foundation has	a 10% or greater in	terest		
2	Information Regarding Contribution, Gran Check here  if the foundation only makes unsolicited requests for funds. If the foundation m other conditions, complete items 2a, b, c, and d	s contributions to pres	elected charitable	organizations and do		
a	The name, address, and telephone number of the	person to whom app	lications should be	addressed		
_						
	pital City Bank Group Foundation P O Box 1: The form in which applications should be submitted					
	Il 3 copies of the application and 501(c)(3) exe Any submission deadlines	emption				
An	rıl 1st and October 1st					
	Any restrictions or limitations on awards, such as factors:	by geographical area	s, chantable fields,	kinds of institutions,	or other	
Se	e attached application					

59-2276367

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During		ioi ruture r	ayment	
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				
Alpha Tau Omega Foundation				100
St Jude's Children Research Hospital				259
ot cade o chinaren Noccaren Nocephar				
St Francis Wildlife Association				40
FSU Foundation				200
Relay for Life Quincy				120
ALARM International				101
Big Bend Hospice	ļ			25
Alachua County Historic Trust				250
A Women's Pregnancy Center				25
Meridian Behavioral Healthcare, Inc				250
March of Dimes (Leon County)				3,783
Total See Attached Statement		<u> </u>	<b>▶</b> 3a	249,047
b Approved for future payment		1		210,011
The proved for future payment				
				- <u>-</u>
Total .	<u> </u>		<b>▶</b> 3b	0

Part XVI-A Analysis of Income-Producing Act Enter gross amounts unless otherwise indicated	Unrelated busi	ness income	Excluded by section	512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exemp function income (See instructions
a	<del></del>	, 0		0	(
b	-	0		0	(
С	-	0		0	(
d	_	0		0	(
e		0		0	(
f		0		0	(
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	19,335	
4 Dividends and interest from securities			14	33,536	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	47,984	
9 Net income or (loss) from special events					<u> </u>
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a VOIDED CHECKS		0		0	500
b	_	0		0	<del></del>
c	-	0	<del>                                     </del>	0	<del>                                     </del>
d		0		0	
e	-	0		0	
12 Subtotal Add columns (b), (d), and (e)		0		100,855	
13 Total. Add line 12, columns (b), (d), and (e)				13	101,35
See worksheet in line 13 instructions to verify calculations )			_		
Part XVI-B Relationship of Activities to the Ac					
Line No. Explain below how each activity for which income the accomplishment of the foundation's exempt					ictions)
11A VOIDED CONTRIBUTION CHECK THAT WA	S NEVER REISSI	JED FROM 20	10		
1					

Form 990-				ROUP FOUNDATION			59-2276		Pag	ge 13
Part X\		_	_	sfers To and Tran	sactions and Re	lationships Wi	th Noncharita	ble		
1 Did		xempt Organiza		ngage in any of the fo	Mowing with any of	her organization	described T		Yes	No
				section 501(c)(3) orga					163	140
	anizati		(	(1),(1)	,	, , ,				
a Trar	nsfers	from the reporting	foundation to	a noncharitable exen	npt organization of					
	Cash				. •		<u>_</u>	1a(1)		X
٠,		assets					1	1a(2)	ļ	X
		sactions						45/41		<del>  _</del> -
		of assets to a non		empt organization able exempt organiza	tion			1b(1) 1b(2)	├	X
		I of facilities, equip		• -	1011			1b(3)	<b></b>	$\hat{\mathbf{x}}$
		oursement arrange					F-	1b(4)		Х
		or loan guarantee						1b(5)		Х
				nip or fundraising solid			-	1b(6)		X
	-		_	ts, other assets, or pa		- 0-2 -6 - 1-1 -6 -		1c		X
valu	e of th	e goods, other as:	sets, or servic	complete the following ces given by the repore ement, show in column	ting foundation. If the	ne foundation rec	eived less than	fair ma	rket	j
(a) Line n	10	(b) Amount involved	(c) Name	of noncharitable exempt org	janization (d) De	escription of transfers,	transactions, and sh	arıng arr	angen	nents
	_	0	t							
		0								
		0	1							
		Č	t							
		C								
		<u>C</u>								
		<u>C</u>				<del></del>				
		C		<del></del>		· -				
		C	1							
		C	1							
		<u> </u>	1							
	_	<u>C</u>	<del>}</del>						<del>-</del>	
	+	<u></u>	<b>†</b>							
des	cribed	ndation directly or i	ndirectly affiliant from the Code (o	ated with, or related to other than section 501				es X	] No	
		a) Name of organization	<del></del>	(b) Type of c	organization	(c)	Description of relation	nship	····	
			<u> </u>		<del></del>					
	Under	penalties of penury. I declare	that I have examined	this return, including accompany	ng schedules and statements.	and to the best of my know	Medge and belief, it is tru	е.		
Sign				taxpayer) is based on all informa			May the IRS d		ue reti	ım
_				(-12.0	<b>\</b> T	-	with the prepa			
Here	P <u>_                                   </u>	ay UM			1106/010		instructions)?	XY		Νο
	Sigr	Dept/Type property		Date	Title	Doto		DTIN		
Paid		Print/Type preparer's n	ante	Preparer's signature		Date	Check X if	PTIN		
Prepa	rer	Kristin Lee		Kristin Lee		6/10/2012	self-employed		_	

Firm's address ► 3583 Darcy Ct NW, Kennesaw, GA 30144

Preparer

Use Only

Firm's name

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

OMB No 1545-0047

2011

Employer identification number

CAPITAL CITY BANK GRO		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 <b>not</b> 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 foundate	on					
	501(c)(3) taxable private foundation						
Instructions  General Rule	r)(7), (8), or (10) organization can check boxes for both the General Rule ar						
	n 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							
sections 509(a)(1)	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi) and received from any one contributor, during the year 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, li	, a contribution of the greater					
the year, total cont	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from ributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, ses, or the prevention of cruelty to children or animals Complete Parts I, II,	scientific, literary, or					
the year, contributi total to more than year for an <i>exclusi</i>	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from ons for use <i>exclusively</i> for religious, charitable, etc., purposes, but these c \$1,000. If this box is checked, enter here the total contributions that were revely religious, charitable, etc., purpose. Do not complete any of the parts unization because it received nonexclusively religious, charitable, etc., contributions.	ontributions did not eceived during the nless the <b>General Rule</b> ributions of \$5,000 or more					
Caution. An organization t	hat is not covered by the General Rule and/or the Special Rules does not fi	le Schedule B (Form 990,					

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)

Name of organization

CAPITAL CITY BANK GROUP FOUNDATION, INC

Employer identification number
59-2276367

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	CAPITAL CITY BANK P O BOX 900 TALLAHASSEE FL 32302 Foreign State or Province Foreign Country	\$126,933	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2	Foreign State or Province Foreign Country	\$0	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				
3	Foreign State or Province Foreign Country	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution )				
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
4	Foreign State or Province Foreign Country	\$0	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				
5	Foreign State or Province Foreign Country	\$0	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				
6	Foreign State or Province Foreign Country.	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution)				

Name of organization
CAPITAL CITY BANK GROUP FOUNDATION, INC

Employer identification number 59-2276367

Part II	Noncash Property (see instructions). Use duplicate cop	oies of Part II if additional spac	ce is needed
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ <u>0</u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ <u>0</u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	

Name of org					Employer identification number				
Part III	CITY BANK GROUP FOUNDATION, INC Exclusively religious, charitable, etc., i	ndividual con	tributions to section E(	11/6\/	59-2276367				
Part III	total more than \$1,000 for the year. Cor								
	For organizations completing Part III, ente	•							
	contributions of \$1,000 or less for the year								
	Use duplicate copies of Part III if additional				, , , , , , , , , , , , , , , , , , , ,				
(a) No.									
from Part I	(b) Purpose of gift	(c)	Use of gift	(d	) Description of how gift is held				
raiti									
				_					
		(e) T	ransfer of gift						
				_					
	Transferee's name, address, and a	ZIP + 4	Relationshi	ip of	transferor to transferee				
		·							
	For Prov Country		••		•				
(a) No.			·						
from Part I	(b) Purpose of gift	(с	) Use of gift	(d	) Description of how gift is held				
Taiti									
	(e) Transfer of gift								
	<b>—</b>	710 . 4	Dalatianak	:£					
	Transferee's name, address, and	ZIP + 4	Relationsn	ıp oı	transferor to transferee				
	For Prov Country								
(a) No. from	(h) Duman of mift	10	\ Lloo of miff		l) Description of how gift is held				
Part I	(b) Purpose of gift	(0	) Use of gift	,,	Description of now girt is neid				
	(e) Transfer of gift								
		( <del>e</del> ) i	ransier or girt						
	Transferee's name, address, and	ZIP + 4	Relationsh	ip of	transferor to transferee				
	,								
		• • • • • • • • • • • • • • • • • • • •							
(a) Na	For Prov Country								
(a) No. from	(b) Purpose of gift	(с	) Use of gift	(0	I) Description of how gift is held				
Part I			. •	·					
				L					
		(e) T	ransfer of gift						
	Transferee's name, address, and	ZIP + 4	Relationsh	ip of	transferor to transferee				
	For. Prov Country		1						

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

	ם    -	⊸г		0		
Description	Book Value Beg of Year	Book Value End of Year	FMV FMV Beg of Year	FMV End of Year	Check "X" if Federal Check "X" if State/ Obligation Local Obligation	Check "X" if State/ Local Obligation
FHLB 9/10/10					×	
						ļ

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

Beg of Year End of Year End of Year End of Year End of Year Beg of Year End of			3	1,606,079	1,606,079 1,639,516 1,835,126	1,835,126	1,797,330
Beg of Year         End of Year         Beg of Year         Enc           1,548,809         1,552,246         1,782,887           57,270         87,270         52,239		_	Num Shares/	Book Value	Book Value	- M	
1,552,246 1,782,887 87,270 52,239		Ī	Face Value	Beg of Year	End of Year	Beg of Year	Ē
87,270 52,239	COMMON STOCK			1,548,809	1,552,246	1,782,887	
	MUTUAL FUNDS				87,270	52,239	

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

	Interest	Description Rate	CORPORATE BONDS AND NOTES					
	_	Date						
403,880	Book Value	Beg of Year	403,880					
453,625	Book Value	End of Year	453,625					
428,280	FMV	eg of Year	428,280					
467,80	FMV	End of Year	467,807					

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

City         State         Zp Code         Country         Title         Hours         Compensation           Fallahassee         FL         32301         Chairman         1 00           Fallahassee         FL         32301         Secretary         1 00           Fallahassee         FL         32301         Treasurer         1 00	
State   Zip Code   Country   Title   Hours	
FL         32301         Chairman           FL         32301         President           FL         32301         Secretary           FL         32301         Treasurer	
FL         32301         President           FL         32301         Secretary           FL         32301         Treasurer	
FL         32301         Secretary           FL         32301         Treasurer	
FL 32301 Treasurer	

Continuation of Part XV,		- Gran	ts and Con	tributions Paid	During th	e Year
Recipient(s) paid during the year						
Name						
America's Second Harvest of the B	ig Bend					
Street						
City		State	Zıp Code	Foreign Count	ry	
Deleteration	Tourndation Ctatus				<del>-</del>	
Relationship	Foundation Status					
Purpose of grant/contribution					Amount	
	<del></del>			<u>.</u>	L	250
Name						
American Cancer Society Florida D Street	DIVISION					
		<del></del>		·		
City		State	Zıp Code	Foreign Count	ry	
Relationship	Foundation Status		1			
					T	~
Purpose of grant/contribution					Amount	25
Maria	<u>.</u>	<del>-</del>			L	
Name American Cancer Society - Gaines	sville					
Street		···				
		<u> </u>	1			
City		State	Zıp Code	Foreign Count	ry	
Relationship	Foundation Status		· · · · · · · · · · · · · · · · · · ·		****	
				<u></u>	Ta	
Purpose of grant/contribution					Amount	1,675
News			· -		<u> </u>	1,010
Name The Mentors Project of Bibb Count	v Inc					
Street					-	
Ott		Ctoto	Zin Codo	Foreign Count		
City		State	Zıp Code	Poreign Count	ıy	
Relationship	Foundation Status			<u> </u>		
Durage of great/contribution					Amount	
Purpose of grant/contribution					Amount	100
Name			-		<del></del>	
Innocence Project of Florida					···	
Street						
City		State	Zıp Code	Foreign Count	try	
Relationship	Foundation Status	i				
Purpose of grant/contribution	<u></u>			<u> </u>	Amount	
						100
Name						
Relay for Life Quincy						
Street						
City		State	Zıp Code	Foreign Count	try	
		_1	1			
Relationship	Foundation Status	<b>;</b>				
Purpose of grant/contribution		<del></del>			Amount	
. • • • • • • • • • • • • • • • • • • •						150

State

Foundation Status

Zıp Code

Foreign Country

Amount

100

American Cancer Society Florida Division

Street

Relationship

Purpose of grant/contribution

City

State

Foundation Status

Zip Code

Foreign Country

Amount

250

Name

Street

Relationship

City

Hospice of Central Georgia

Purpose of grant/contribution

485

Foundation Status

Amount

25

Relationship

Purpose of grant/contribution

Continuation of Part XV, Li Recipient(s) paid during the year	ne 3a (990-PF) -	Gran	ts and Con	tributions Paid	During the	Year
Name						
Cystic Fibrosis Foundation - FL						
Street			_			_
City		State	Zıp Code	Foreign Count	гу	
Relationship	Foundation Status		<del></del>		····	
Purpose of grant/contribution					Amount	200
Name FSU Foundation						
Street						
City		State	Zıp Code	Foreign Count	ry	
Relationship	Foundation Status	•	· · · · · · · · · · · · · · · · · · ·			-
Purpose of grant/contribution				<u>, , , , , , , , , , , , , , , , , , , </u>	Amount	29
Name American Cancer Society Florida Divisi Street	ion					
City		State	Zıp Code	Foreign Count	ry	
Relationship	Foundation Status	<u></u>	L			
Purpose of grant/contribution	1			· · · · · · · · · · · · · · · · · · ·	Amount	35
Name Leadership Tallahassee						
Street						
City		State	Zıp Code	Foreign Count	ry	
Relationship	Foundation Status	•				
Purpose of grant/contribution	•				Amount	975
Name Tallahassee Museum				-		
Street	<del></del>				_	-
City		State	Zıp Code	Foreign Count	ry	
Relationship	Foundation Status					,
Purpose of grant/contribution				<u> </u>	Amount	150
Name Emergency Care Help Organization, In	nc					
City	<u></u>	State	Zıp Code	Foreign Count	try	
Relationship	Foundation Status	1	<u></u>			
Purpose of grant/contribution	1			<u> </u>	Amount	

160

Amount

25

Purpose of grant/contribution

50

Amount

3,000

1,850

Amount

1,000

### CAPITAL CITY BANK GROUP FOUNDATION, INC 59-2276367 Page 14 of 35 Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year Recipient(s) paid during the year Guardian Angels Medical Service Dogs, Inc. Street City Foreign Country State Zip Code Relationship Foundation Status Purpose of grant/contribution Amount 2,000 Name Levy County Schools Foundation Street City Foreign Country State Zip Code Relationship Foundation Status Purpose of grant/contribution Amount 6.000 United Way of Suwannee Valley, Inc. Street City State Zıp Code Foreign Country Relationship Foundation Status Purpose of grant/contribution Amount 750 Name Village Art Studio Street City State Zip Code Foreign Country Relationship Foundation Status Purpose of grant/contribution Amount 500 Name A Better Body Street City Foreign Country State Zip Code Relationship Foundation Status Purpose of grant/contribution Amount <u>1,00</u>0 Name Florida Kiwanis Foundation, Inc. Street City State Zıp Code Foreign Country Relationship Foundation Status

Purpose of grant/contribution

Amount

1,000

Relationship

Amount

4,500

Relationship

1,000

Amount

<u>5</u>00

Relationship

1,500

2,000

State

Foundation Status

Zıp Code

Foreign Country

Amount

500

City

Relationship

CAPITAL CITY BANK GROUP				59-2276		22 of 35
Continuation of Part XV, Recipient(s) paid during the year	<u> Line 3a (990-PF) -</u>	Gran	ts and Con	tributions Paid	During th	<u>e Year</u>
Name						
Rotary Club of Wakulla						
Street						
City		State	Zıp Code	Foreign Countr	у	
Relationship	Foundation Status	1	<u> </u>		<del></del>	
Purpose of grant/contribution					Amount	
	-			-	<u> </u>	500
Name AMIkids West Florida						
Street						
City	· <del></del> .	State	Zıp Code	Foreign Countr	у	
Relationship	Foundation Status	<u> </u>			_	
Purpose of grant/contribution	<u></u>				Amount	
					<u> </u>	1,200
Name Washington County Council on Agir	na					
Street	.5		· ·			
City		State	Zıp Code	Foreign Counti	ту	
Relationship	Foundation Status	<u> </u>				
Purpose of grant/contribution			.=		Amount	
					<u> </u>	200
Name Washington Holmes Technical Cen	ter					
Street						
City		State	Zıp Code	Foreign Country		
Relationship	Foundation Status		<u> </u>			
Purpose of grant/contribution					Amount	
	<del></del>					1,000
Name Wimberly House Ministries						
Street						
City		State	Zıp Code	Foreign Count	ry	
Relationship	Foundation Status	.l				
Purpose of grant/contribution					Amount	
				<del></del> .	<u> </u>	500
Name Hospice of Citrus County				_		
Street				····		
City		State	Zıp Code	Foreign Count	ry	<del></del>
Relationship	Foundation Status	1	1			
Purpose of grant/contribution					Amount	
					1	1,000

500

## Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year Recipient(s) paid during the year United Way of Putnam County Street City State Zip Code Foreign Country Relationship Foundation Status Purpose of grant/contribution Amount 500 Name United Way of North Central Florida Street City Foreign Country State Zip Code Relationship Foundation Status Purpose of grant/contribution Amount 500 Name United Way of Citrus County Street City State Zip Code Foreign Country Relationship Foundation Status Purpose of grant/contribution Amount 500 Name Taylor Education Foundation Street City State Zip Code Foreign Country Relationship Foundation Status Purpose of grant/contribution Amount 1,500 Autism Oasis for Kids Street City State Zıp Code Foreign Country Relationship Foundation Status Purpose of grant/contribution Amount 1,000 Shands Teaching Hospital and Clinics Street City State Zıp Code Foreign Country Relationship Foundation Status Purpose of grant/contribution Amount 1,500

Amount

2,500

Relationship

## CAPITAL CITY BANK GROUP FOUNDATION, INC 59-2276367 Page 26 of 35 Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year Recipient(s) paid during the year Communities in Schools of Bradford Cnty Street City Foreign Country State Zip Code Relationship Foundation Status Purpose of grant/contribution Amount 2,000 Name Citrus Hearing Impaired Program Services Street City Foreign Country State Zip Code Relationship Foundation Status Purpose of grant/contribution Amount 1,000 Name Nature Coast Ministries, Inc. Street City State Zip Code Foreign Country Relationship Foundation Status Purpose of grant/contribution Amount 1,000 Path of Citrus County, Inc. Street City State Zıp Code Foreign Country Relationship Foundation Status Purpose of grant/contribution Amount 1,500 Name United Way of Citrus County Street City State Zip Code Foreign Country Relationship Foundation Status Purpose of grant/contribution Amount 3,700 Name Dixie Education Foundation, Inc.

State Zip Code

Foundation Status

Foreign Country

Amount

2,000

Street

Relationship

Purpose of grant/contribution

City

Amount

275

## Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year Recipient(s) paid during the year Habitat for Humanity of Hernando County Street City Foreign Country State Zip Code Relationship Foundation Status Purpose of grant/contribution Amount 500 Name Plantation Trace Dance Council Street City State Zip Code Foreign Country Foundation Status Relationship Purpose of grant/contribution Amount 750 Junior Achievement of W Central Florida Street Foreign Country City State Zip Code Relationship Foundation Status Amount Purpose of grant/contribution 250 Pasco-Hernando Community College Foundati Street Foreign Country City State Zıp Code Relationship Foundation Status Purpose of grant/contribution Amount 250 Name Standing Tall for Veterans Street City Foreign Country State Zip Code Relationship Foundation Status Purpose of grant/contribution Amount 275 Name YMCA of the Suncoast Street City State Zip Code Foreign Country Foundation Status Relationship Purpose of grant/contribution Amount 250

Amount

1,000

Relationship

State

Foundation Status

Zip Code

Foreign Country

Amount

500

City

Relationship

CAPITAL CITY BANK GROUP FOL				59-227			of 35
Continuation of Part XV, Lin	e 3a (990-PF) -	Gran	ts and Con	tributions Paid	During	<u>the</u> `	Year
Recipient(s) paid during the year							
Name							
Operation One Voice, North Florida							
Street							
Cıty	· · · · · · · · · · · · · · · · · · ·	State	Zıp Code	Foreign Countr	 У		
5.14	le o		<u> </u>				
Relationship	Foundation Status						
Purpose of grant/contribution			<del></del>		Amount		250
Name			*				
Southern Scholarship Foundation							
Street							
City	<del> </del>	State	Zıp Code	Foreign Countr			
City		State	Zip Code	Foreign Count	у		
Relationship	Foundation Status						
Purpose of grant/contribution				-	Amount		
							1,000
Name							
Tallahassee Citizens Police Academy							
Street							
City		State	Zıp Code	Foreign Counti			
	T	<u> </u>	L				
Relationship	Foundation Status						
Purpose of grant/contribution	1			· · · · · · · · · · · · · · · · · · ·	Amount		
	· · · · · · · · · · · · · · · · · · ·						1,000
Name							
Tallahassee Community Chorus Street							
Street							
City		State	Zıp Code	Foreign Counti	Foreign Country		
Polotionahin	Foundation Status		i				
Relationship	Foundation Status						
Purpose of grant/contribution	•				Amount		
							750
Name							
Tallahassee Watercolor Society Street				<del></del>			
Stieet							
City		State	Zıp Code	Foreign Count	ry		
Relationship	Foundation Status						
	Toundation Status						
Purpose of grant/contribution					Amount		250
							250
Name							
Theatre A La Carte Street				<del></del>			
Oli Cet							
City		State	Zıp Code	Foreign Count	ry		
Relationship	Foundation Status	L	1	<u> </u>			
Totalonomp	- Januarion Olaras						
Purpose of grant/contribution		-			Amount		

State

Foundation Status

Zıp Code

Foreign Country

Amount

10,000

City

Relationship

Amount

2,000

Relationship

## Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year Recipient(s) paid during the year Name Sacred Heart Foundation Street City Foreign Country State Zip Code Relationship Foundation Status Purpose of grant/contribution Amount 4,000 Name Street City Foreign Country State Zip Code Relationship Foundation Status Purpose of grant/contribution Amount 0 Name Street City State Zip Code Foreign Country Relationship Foundation Status Purpose of grant/contribution Amount 0 Name Street City State Zip Code Foreign Country Relationship Foundation Status Amount Purpose of grant/contribution 0 Name Street City Foreign Country State Zip Code Relationship Foundation Status Purpose of grant/contribution Amount Name Street City State Zıp Code Foreign Country Relationship Foundation Status Purpose of grant/contribution Amount 0