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### 990-PF

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service Note The foundation may be able to use a copy of this return to satisfy state reporting requirements Open to Public Inspection. For calendar year 2012 or tax year beginning , and ending Employer identification number Name of foundation MARY FLANNERY O'CONNOR CHARITABLE TRUST 58-6309841 Number and street (or P O box number if mail is not delivered to street address) Telephone number (see instructions) Room/suite P.O. BOX 1106 478-453-1385 City or town, state, and ZIP code If exemption application is pending, check here **MILLEDGEVILLE** GA 31059 G Check all that apply: Initial return Initial return of a former public charity 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change Section 501(c)(3) exempt private foundation H Check type of organization If povate foundation status was terminated under section 507(b)(1)(A), check here Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation I Fair market value of all assets at J Accounting method Cash X Accrual If the foundation is in a 60-month termination under section 507(b)(1)(B), check here Other (specify) end of year (from Part II, col. (c), 1,888,465 line 16) ▶ \$ (Part I, column (d) must be on cash basis ) (d) Disbursements Part I Analysis of Revenue and Expenses (The total of (a) Revenue and for chantable (b) Net investment (c) Adjusted net amounts in columns (b), (c), and (d) may not necessarily equal income income purposes the amounts in column (a) (see instructions) ) books cash basis only) Contributions, gifts, grants, etc., received (attach schedule) 1 Check ► X if the foundation is **not** required to attach Sch B 2 8,488 3 Interest on savings and temporary cash investments SCANNET MAY 2 8 201 50,252 50,252 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) STMT 1 10,551 62 Net gain or (loss) from sale of assets not on line 10 1,098,645 b Gross sales price for all assets on line 6a 4,639 Capital gain net income (from Part IV, line 2) O Net short-term capital gain Income modifications Gross-sales less returns and allowances Less-Cost of goods sold 10a b Gross profit or (loss) (attack/schedule) Other income (attach schedule)
Total. Add lines 1 through 19 STMT 2 392,542 392,542 461,833 447,433 0 13 ompensation of officers, directors, trustees, etc Operating and Administrative Expenses Other employee salaries and wages 14 15 Pension plans, employee benefits 3 34,740 16a Legal fees (attach schedule) SEE STMT 49,628 14,888 STMT 4 2,915 1,458 1,457 b Accounting fees (attach schedule) Other professional fees (attach schedule) С 17 Interest Taxes (attach schedule) (see instructions) 18 19 Depreciation (attach schedule) and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications STMT 5 52,721 52,721 23 Other expenses (att sch) Total operating and administrative expenses. Add lines 13 through 23 105,264 69,067 0 36,197 25,000 25,000 Contributions, gifts, grants paid 130,264 69,067 0 61,197 26 Total expenses and disbursements. Add lines 24 and 25

331,569

378,366

For Paperwork Reduction Act Notice, see instructions.

Excess of revenue over expenses and disbursements

Net investment income (if negative, enter -0-)

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

Subtract line 26 from line 12.

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0

Þ.	Attached schedules and amounts in the description column should be for end-of-wear amounts only. (See instructions.)	Beginning of year	End of	year
- ai	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			
2	Savings and temporary cash investments	179,242	29,017	29,017
3	Accounts receivable ▶			
	Less allowance for doubtful accounts ▶			
4			1	
	Less allowance for doubtful accounts ▶			
5				
6				
	disqualified persons (attach schedule) (see			
	instructions)			
7			1	
	Less allowance for doubtful accounts ▶ 0			
ets ets	- 1111 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-	0 000	
ssets	' '	105.067	2,000	2,000
<b>4</b>   10	3 (	185,867	185,867	193,340
	b Investments – corporate stock (attach schedule)	00E 224	942 429	942 424
	c Investments – corporate bonds (attach schedule) SEE STMT 7	885,234	842,428	842,424
11			1	
_ ا	Less accumulated depreciation (attach sch.)			
12		184,262	706,436	709,828
13	,	184,282	700,430	709,828
14			i	
15	Less accumulated depreciation (attach sch ) ►  6 Other assets (describe ► SEE STATEMENT 9 )	110,962	111,856	111,856
16		110,302	111,030	111,000
'`	instructions. Also, see page 1, item I)	1,545,567	1,877,604	1,888,465
17	· -	2,000,001	270117000	
18				
	· •			
Liabilities				
G 21	·			
그 <sub>  22</sub>				
23	Total liabilities (add lines 17 through 22)	0	0	
	Foundations that follow SFAS 117, check here	-		
Se	and complete lines 24 through 26 and lines 30 and 31.			
Ž 24	Unrestricted			
<u>명</u> 25	Temporarily restricted			
밑 26				
Net Assets or Fund Balance	Foundations that do not follow SFAS 117, check here		1	
빕	and complete lines 27 through 31.			
g 27		1,445,474	1,445,984	
9 28				
S 29	· · · · · · · · · · · · · · · · · · ·	100,093	431,620	
를 30	,	1,545,567	1,877,604	
<b>2</b> 31				•
	instructions)	1,545,567	1,877,604	
	Analysis of Changes in Net Assets or Fund Balances		1 1	
	otal net assets or fund balances at beginning of year – Part II, column (a), line 30 (must a	gree with		1 545 575
	rd-of-year figure reported on prior year's return)		1	1,545,567
	nter amount from Part I, line 27a ther increases not included in line 2 (itemize) ▶ SEE STATEMENT 10		2	331,569 468
	ther increases not included in line 2 (itemize) SEE STATEMENT 10 and 1, 2, and 3		3 4	1,877,604
	ecreases not included in line 2 (itemize)		5	1,377,304
	otal net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), li	ne 30	6	1,877,604
<u> </u>	was not account or raine balances at one or year time 4 militus line of - Fart II, Column (b), II	110 00	1 0 1	5-m 990-PF (2012

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

8

61,197

Part VI instructions

8 Enter qualifying distributions from Part XII, line 4

	1990-PF (2012) MARI FLANNERI O CONNOR CHARITABLE 58-6309841				age 4
Pa	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)				
1a	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)	1		_	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1		<u>7,</u>	<u>567</u>
	here ▶ and enter 1% of Part I, line 27b				
С	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-)	2			0
3	Add lines 1 and 2	3		<u>7,</u>	567
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			<u> </u>
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5		7,	<u>567</u>
6	Credits/Payments·				
а	2012 estimated tax payments and 2011 overpayment credited to 2012 6a 2,000				
b	Exempt foreign organizations – tax withheld at source				
С	Tax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld 6d				
7	Total credits and payments Add lines 6a through 6d	7		2,	000
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	9		5,	567
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			
11	Enter the amount of line 10 to be Credited to 2013 estimated tax ▶ Refunded ▶	11			
_Pa	rt VII-A Statements Regarding Activities				
1a	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				
	Instructions for the 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		l i		
C	Did the foundation file Form 1120-POL for this year?		1c		X
d	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 rembursement (if any) paid by the foundation during the year for political expenditure tax imposed				
	on foundation managers 🕨 \$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
	If "Yes," attach a detailed description of the activities				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of				
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	_	4a		X
þ	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		
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 that				
	conflict with the state law remain in the governing instrument?		6	X	
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 Part XV		7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶  GA				
ь	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	L
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 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes,"				
	complete Part XIV		9		х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses		10		х
		F	om 99	0-PF	(2012)

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If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes X No 1/A 7b 1/A 7		990-PF (2012) MARY FLANNE			5309841			Page 6
(1) Carry on propagnida, or otherwise attempt to influence legislation (section 4945(s))?  (2) Influence the outloome of any specific public election (see section 4955), or to carry on, directly, or indirectly, any vater registration drive?  (3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an individual for travel, study, or other similar purposes?  (5) Provide a grant to an individual for travel, study, or other similar purposes?  (6) Provide a grant to an individual for travel, study, or other similar purposes?  (7) Provide a grant to an individual for travel, study, or other similar purposes?  (8) Provide a grant to an individual for travel, study, or other similar purposes.  (9) Provide a grant to an individual for travel, study, or other similar purposes.  (9) Provide a grant to an individual for travel, study, or other similar purposes.  (9) Provide a grant to an individual for travel, study, or other similar purposes.  (9) Provide a grant to an individual for travel, study, or other similar purposes.  (9) Provide a grant to an individual for travel, study, or other similar purposes.  (9) Provide a grant to an individual for travel, study, or other similar purposes.  (9) Provide a grant to an individual for travel study, and the secretary of the grant?  (9) Provide a grant to an individual for travel study, or other similar purposes.  (9) Provide a grant to an individual for travel study, or other similar purposes.  (9) Provide a grant to an individual for travel study, or other similar purposes.  (9) Provide a grant to an individual for travel study and the secretary of the grant.  (9) Travel and the analysis of the grant.  (9) Travel and the secretary of the grant.  (9) Travel and the se	<u>Pa</u>			m 4720 May Be I	Required (con	tinued)	, ,	
(2) Influence the outcome of any specific public election (sees section 4955), or to carry on, directing or indirectly, any other registration of more?  (3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an individual for travel, study, or other similar purposes?  (5) Provide to rany purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of curvely to chiefer or animals?  (6) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of curvely to chiefer or animals?  (6) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of curvely to chiefer or animals?  (6) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of curvely to religious, charitable, scientific, literary, or educational purposes, section 53 4945–5(0)  (7) Organizations relying on a current notice regarding dissater assistance check here  (8) If it is in the contract of the foundation of the prevention of the prevention of the prevention of the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  (8) Did the foundation, during the year, receive any funds, directly or indirectly, on a personal benefit contract?  (8) No Table 1974 (1974)	5a	During the year did the foundation pay or	incur any amount to:			_		
directly or indirectly, any voter registration drive?  (3) Provide a grant to an individual for tavel, study, or other similar purposes?  (4) Provide a grant to an individual for tavel, study, or other similar purposes?  (5) Provide for any purpose other than a chandable, etc., organization described in section 509(a)(1) (2), or (3), or section 4940(d)(2)* (see instructions)  (6) Provide for any purpose other than religious, chantable, somethic, literary, or educational purposes, or for the prevention of cruely to children or animals?  (7) If any names in "Ves" to SI(1)*, 6), did any of the transactions fall to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?  (8) Torganizations relying on a current notice regarding disaster assistance check here  (8) If the aniswer is "Ves" to question 53(4), does the foundation claim examption from the tax because it maintained expenditure responsibility for the grant?  (9) Did the foundation, during the year, receive any funded so that the same and prevail benefit confract?  (9) Did the foundation during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit confract?  (1) If "Yes," to 8b. file Form 8870  (1) A any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  (9) If "Yes," to 8b. file Form 8870  (1) If "Yes," to 8b. file Form 8870  (2) If "Yes," to 8b. file Form 8870  (3) If "Yes," to 8b. file Form 8870  (4) If "Yes," to 8b. file Form 8870  (5) If "Yes," to 8b. file Form 8870  (6) If "Yes," to 8b. file Form 8870  (7) If "Yes," to 8b. file Form 8870  (8) If "Yes," to 8b. file Form 8870  (9) Name and address of each employees (other than those included on line 1 – see instructions). If none, enter modified to the prohibition of the highest-paid employees (othe		(1) Carry on propaganda, or otherwise a	ttempt to influence legislation (section 4	1945(e))?	<u> </u>	′es <u> X</u>   No		
(3) Provide a grant to an individual for taxet, study, or other similar purposes?  (4) Provide a grant to an organization of the final a chantable, etc., or organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)  (5) Provide for any purpose other than religious, chantable, scientific, literary, or educational purposes, or for the prevention of curely to children or animass?  (8) Provide for any purpose other than religious, chantable, scientific, literary, or educational purposes, or for the prevention of curely to children or animass?  (9) If any answer is Yes' to Sa(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 495 or in a current notice regarding disaster assistance (see instructions)?  (8) Provide in the section of the condition of the provide sease assistance (see instructions)?  (9) Regulations section 53 495 or in a current notice regarding disaster assistance check here  (9) If Yes, and the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  (9) Nems and softens section 53 4945 or highly possible or high section or pay to the condition or pay to the provide or pay premiums on a personal benefit contract?  (9) Nems and softens  (9) Section account of other employees paid over \$50,000		(2) Influence the outcome of any specific	public election (see section 4955), or	to carry on,	_	_		
(4) Provide a grant to an organization other than a chantable, etc., organization described in section 505(a)(1), (2), or (3), or section 49(d)(2)?) (see instructions)   Yes  No    Yes  No		directly or indirectly, any voter registr	ation drive?		ו ∐	<u></u>		
section 506(c)(1), (2), or (3), or section 4940(c)(2)? (see instructions)  (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruety to children or animals?  If any answer is "Yes" to 5a(1)-(5), did any of the transactions fall to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance fock here  If the answer is "Yes" to quitout 53(4), does the foundation of t		(3) Provide a grant to an individual for tra	avel, study, or other similar purposes?		\\	′es 🗓 No		
(s) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruety to children or animals?  If any answer is "Yes" to 5st(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section \$3.4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  If the answer is "Yes" to question \$4(4), does the foundation claim examption from the tax because it manificance described in the answer is "Yes" to question \$4(4), does the foundation claim examption from the tax because it manificance there here  If "Yes," attach the statement required by Regulations section \$3.4945–5(c)  But the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes," attach the statement required by Regulations section \$3.4945–5(c)  Did the foundation, during the year, repay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes," attach the statement required by Regulations section \$3.4945–5(c)  Did the foundation during the year, spay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes," attach the statement required by Regulations section \$3.4945–5(c)  Did the foundation during the year, spay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes," attach the statement required by Regulations section \$3.4945–5(c)  The statement of the foundation of the foundation and party to a prohibited tax sheller transaction?  If "Yes is No. If "Yes		(4) Provide a grant to an organization of	ner than a chantable, etc , organization	described in		_		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactorisal to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  If "Yes" attail the statement required by the foundation from the tax because it maintained expenditure reaponsibility for the grant?  If "Yes attail the statement required by the grant?  If "Yes attail the statement required by the year, pay premiums, on a personal benefit contract?  If "Yes" to 80, file Form 8870  A tan yither during the tax year, was the foundation a party to a prohibited tax sheller transaction?  If Yes attail the during the tax year, was the foundation a party to a prohibited tax sheller transaction?  Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  (a) Name and address foundation managers and their compensation (see instructions).  If not paid, enter 4-)  If If Ind paid, enter 4-)  If Ind Paid, ente		section 509(a)(1), (2), or (3), or secti	on 4940(d)(2)? (see instructions)		ו 📋 י	res X No		
b If any answer is "Yes" to Sa(1)—(5), add any of the transactions fall to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance sheek here  c If the answer is "Yes" to question Sa(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant's if "Yes", attach the statement required by Regulations section 53 4945–5(cl)  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, see yie premiums, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, see he foundation a party to a prohibited tax sheller transaction?  vi "Yes", "did the foundation receive any proceeds or have any not income attributable to the transaction?  Part VIII  Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1. List all officers, directors, trustees, foundation managers and their compensation (see instructions).  1. List all officers, directors, trustees, foundation managers and their compensation (see instructions).  1. List all officers, directors, trustees, foundation managers and their compensation (see instructions).  1. List all officers, directors, trustees, foundation managers and their compensation (see instructions).  1. List all officers, directors, trustees, foundation managers, Highly Paid Employees, and Contractors  1. List all officers, directors, trustees, foundation managers, Highly Paid Employees, and Contractors  1. List all officers, directors, trustees, foundation managers, Highly Paid Employees, and Contractors  1. List all officers, directors, trustees, foundation managers, Highly Paid Employees, and Contractors  1. List all officers, directors, trustees, foundation managers, Highly Paid Employees, and Contractors  1. List all officers, directors, trustees, foundation		(5) Provide for any purpose other than re	aligious, charitable, scientific, literary, oi	educational				
Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes attach the statement required by Regulations section 53 4945–5(d)  But the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes to bit, file Form 8870  If "Yes to bit, file Form 8870  If "Yes," did the foundation a party to a prohibited tax shelter transaction?  If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  If the foundation of the foundation receive any proceeds or have any net income attributable to the transaction?  It List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Tite, and average (c) Compensation of paid, for paid,		purposes, or for the prevention of cru	elty to children or animals?		\ \	′es 🏻 No		
Organizations relying on a current notice regarding disaster assistance check here c if the answer is "Yes" to question 53(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grants of the statement required by Regulations section 53 (4945–5(d)) 6	b	If any answer is "Yes" to 5a(1)-(5), did as	ny of the transactions fail to qualify und	er the exceptions desc	ribed in			
c If the answer is "Set" to question 5a(4), does the foundation claim examption from the tax because it maintained expenditure responsibility for the grant?    Ves   No   If "Yes," attach the statement required by Regulations section 53 4945-5(d)		Regulations section 53 4945 or in a curre	ent notice regarding disaster assistance	(see instructions)?		N/A	5b	
because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section \$3.4945–5(d)  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, peaceware any funds, directly or indirectly, to a personal benefit contract?  If "Yes "X No  6b X X  If "Yes "To 6b, file Form 8870  7a At any time during the tax year, was the foundation ap party to a prohibited tax shelter transaction?  b If "Yes," at any time during the tax year, was the foundation are any net income attributable to the transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Title, and everage foundation and their compensation (see instructions).  (b) Title, and everage foundation and their compensation (see instructions).  (c) Compensation (see instructions).  (d) Compensation (see instructions).  (e) Title, and everage foundation and everage foundation and everage foundation position and everage foundation and everage foundation position and everage foundation position.  (e) Title, and everage foundation and everage foundation and everage foundation and everage foundation position.  (e) Title, and everage foundation and everage foundat		Organizations relying on a current notice	regarding disaster assistance check he	ere		▶ □		
If "Yes," attach the statement required by Regulations section 53 4945–5(d)  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 66, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  7b Diff "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  8ar Vill Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  8b If "Yes," did the foundation for the paid, employee benefit only any provided possion of first paid, employee benefit only any provided possion of first paid, employee benefit only any provided possion of first paid, employee benefit only any provided possion of the distributions to employee benefit only any provided possion of the paid, employee benefit only any provided possion of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."  1 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."  1 (a) Name and address of each employee paid more than \$50,000  1 (b) Spense account of employee benefit on posion of the disherances of each employee paid more than \$50,000  1 (c) Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "One and employee benefit on posion of employee benefit on the disherances of employees paid over \$50,000	С	If the answer is "Yes" to question 5a(4), of	loes the foundation claim exemption fro	m the tax		_		
Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 6b, file Form 8870 A at any time during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870 A at any time during the year, was the foundation a party to a prohibited tax shelter transaction? If "Yes" dob, file Form 8870 To b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  List all officers, directors, trustees, foundation managers and their compensation (see instructions).  List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) If the, and average enter 0.)  (c) Compensation enter office plant, enter 0.)  (d) Combinations to enter advanced enter 0.)  (e) Expense account of fire plant, enter 0.)  (a) Name and address of each employees (other than those included on line 1 – see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Tide, and average four polyees and determined to partition of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Tide, and average four polyee breefit plants and deferred compensation of the patient of the employees paid over \$50,000		because it maintained expenditure respon	nsibility for the grant?		N/A 🗍	es No		
Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 6b, file Form 8870 A at any time during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870 A at any time during the year, was the foundation a party to a prohibited tax shelter transaction? If "Yes" dob, file Form 8870 To b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  List all officers, directors, trustees, foundation managers and their compensation (see instructions).  List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) If the, and average enter 0.)  (c) Compensation enter office plant, enter 0.)  (d) Combinations to enter advanced enter 0.)  (e) Expense account of fire plant, enter 0.)  (a) Name and address of each employees (other than those included on line 1 – see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Tide, and average four polyees and determined to partition of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Tide, and average four polyee breefit plants and deferred compensation of the patient of the employees paid over \$50,000		If "Yes," attach the statement required by	Regulations section 53 4945–5(d)					
on a personal benefit contract?    Yes   X   No	6a			y premiums				
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 6b, fille Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If "Yes" did the foundation receive any proceeds or have any net income attributable to the transaction?  Part VIII  Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Tide, and average  (c) Compensation  (if not paid, enter 4)  (in Expense account fill not paid, enter 4)  (in Expense account enter 4)  (in Expense account fill not paid, enter 4)  (in Expense account fill not paid enter 4)  (in Expense account fill not paid, enter 4)		· · · · · · · · · · · · · · · · · · ·	,	• •		es X No		
If "Yes" to 6b, file Form 8870 7a At any time dumpt the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes X No If Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address (b) Take, and average hours per week deferred compensation (find paid, enter 4)  (a) Name and address  WILLELIMINA LOUISE FLORENCOURT MILLEDGEVILLE CO-TRUSTEE P.O. BOX 1105 GA 31059 20.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ь	,	remiums, directly or indirectly, on a per	sonal benefit contract?			6 <sub>b</sub>	x
Total number of other employees paid over \$50,000 \$ If Yes, and the foundation a party to a prohibited tax shelter transaction?			,, , , , , , , , , ,				"	
Description   If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?   N/A   7b	7a	·	oundation a party to a prohibited tax she	elter transaction?		es X No		
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Tile, and average hours per week devoted to position (find paid, enter -0).  (c) Compensation (find paid, enter -0).  (d) Contributions to employee benefit plans and deferred compensation. (the allowances of the plans and deferred compensation).  WILHELMINA LOUISE FLORENCOURT MILLEDGEVILLE CO-TRUSTEE P.O. BOX 1106 GA 31059 20.00 0 0 0  MICHABL J. GARANZINI CHICAGO CO-TRUSTEE 820 N. MICHIGAN AVE IL 60611 2.00 0 0  2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000 (b) Tile, and average hours per week devoted to position (c) Compensation employee benefit plans and deferred compensation.  NONE  NONE  Total number of other employees paid over \$50,000							7n	Ī
And Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Title, and average hours per week devoted to postion  (c) Compensation (ff not paid, enter 4-)  (a) Name and address  MILLEDGEVILLE  P. O. BOX 1106  GA 31059  20.00  MICHAEL J. GARANZINI  CNICAGO  CO-TRUSTEE  820 N. MICHIGAN AVE  IL 60611  2.00  (b) Title, and average hours per week devoted to postion of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter  "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to postion  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account of five highest-paid employee paid more than \$50,000  NONE  (o) Compensation  (o) Compensation  (o) Compensation  (o) Compensation  (o) Expense account other allowances  (o) Expense acco								l
List all officers, directors, trustees, foundation managers and their compensation (see instructions).    (a) Name and address   (b) Tile, and awerage hours week devoted to position   (f) (f) repaid, enter 4-)   (e) Expense account other allowances of each employee paid more than \$50,000   (e) Expense account other allowances of each employee paid more than \$50,000   (e) Tile, and awerage hours per week devoted to position   (f) (f) Compensation   (e) Expense account other allowances of each employee paid more than \$50,000   (e) Tile, and awerage hours per week devoted to position   (e) Expense account other allowances of each employee paid more than \$50,000   (e) Title, and average hours per week devoted to position   (e) Compensation   (e) Expense account other allowances of each employee paid more than \$50,000   (e) Title, and average hours per week devoted to position   (e) Compensation   (e) Expense account other allowances of each employee paid more than \$50,000   (e) Title, and average hours per week devoted to position   (e) Expense account other allowances of each employee paid more than \$50,000   (e) Title, and average hours per week devoted to position   (e) Expense account other allowances of each employee paid more than \$50,000   (e) Title, and average hours per week devoted to position   (e) Expense account other allowances of each employee paid more than \$50,000   (e) Title, and average hours per week devoted to position   (e) Expense account other allowances of each employee paid more than \$50,000   (e) Title, and average hours per week devoted to position   (e) Expense account other allowances   (e) Expense ac		_	, 2, 1,	. ouridation mai	lagers, riigini	, i ala Ellipio	<i>y</i> 000,	
(a) Name and address (a) Name and address (b) Title, and average hours per week devided postion of the postion of the highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devided to position of the position of the highest-paid demployees (other than those included on line 1 – see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devided to position of the paid of	1 L	·	ndation managers and their compen	sation (see instruction	ons).			
(a) Name and address but the foliage to week devoted to position but the first of paid, employee benefit glass and deferred compensation of the allowances.  WILHELMINA LOUISE FLORENCOURT MILLEDGEVILLE CO-TRUSTEE  P. O. BOX 1106 GA 31059 20.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					1	(d) Contributions to		
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P.O. BOX 1106  GA 31059  CO-TRUSTEE  820 N. MICHIGAN AVE  II 60611  2.00  0  0  0  0  1  1  1  1  1  1  1  1				devoted to position	enter -0-)		otner	allowances
P.O. BOX 1106  GA 31059  CO-TRUSTEE 820 N. MICHIGAN AVE  IL 60611  2.00  0  0  0  0  0  0  0  0  0  0  0  0	WI	LHELMINA LOUISE FLORENCOURT	MILLEDGEVILLE	CO-TRUSTEE			1	
MICHAEL J. GARANZINI B20 N. MICHIGAN AVE IL 60611 2.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	P. 6	D. BOX 1106		1	ا	o	,	C
2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and defended on the rallowances  (e) Expense account other allowances  Total number of other employees paid over \$50,000				1				-
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(a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account other allowances  (in) Total number of other employees paid over \$50,000	-		ipioyees (other than those included	on line 1 – see msuu	ictions). It none, e	inter		
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Ing. and verlage hours per week devoted to position  (c) Compensation  employee benefit plans and deferred compensation  other allowances  Total number of other employees paid over \$50,000	-				-	(d) Contributions to	Υ	
NONE  devoted to position  plans and deferred compensation  other allowances  other allowances		(a) Name and address of each employee	paid more than \$50,000		(c) Compensation	employee benefit		
NONE  Total number of other employees paid over \$50,000		(a) Name and address of each amprojec	para more dian eco.		(c) compensation		other	allowances
Total number of other employees paid over \$50,000	NO!	JE.				Compensation		
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						_	<u> </u>	
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Form 990-PF (201	otal	number of other employees paid over \$50	,000			_		0

Form 990-PF (2012) MARY FLANNERY O'CONNOR CHARITZ	ABLE_ 58-6309841	Page <b>7</b>
Part VIII Information About Officers, Directors, Trustees and Contractors (continued)	, Foundation Managers, Highly Paid E	
3 Five highest-paid independent contractors for professional services (see	instructions). If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		-
Total number of others account over \$50,000 for any formation		
Total number of others receiving over \$50,000 for professional services		<u> </u>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical in organizations and other beneficiaries served, conferences convened, research papers produced, etc.	formation such as the number of	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (se	o instructions)	_
Describe the two largest program-related investments made by the foundation during the tax year on lines		Amount
1 N/A		Amount
2		
All other amount related investments. See instructions		
All other program-related investments See instructions  3		
-		

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Total. Add lines 1 through 3

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

Pi	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign	gn fo	undations,
	see instructions )	,	<u>-</u>
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	1,536,341
b	Average of monthly cash balances	1b	76,976
С	Fair market value of all other assets (see instructions)	1c	110,093
d	Total (add lines 1a, b, and c)	1d	1,723,410
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	1,723,410
4	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see		
	instructions)	4	<u>25,851</u>
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	25,851 1,697,559
6	Minimum investment return. Enter 5% of line 5	6	84,878
Pa	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating		•
	foundations and certain foreign organizations check here		
1	Minimum investment return from Part X, line 6	1	84,878
2a	Tax on investment income for 2012 from Part VI, line 5		
ь	Income tax for 2012 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	7,567
3	Distributable amount before adjustments Subtract line 2c from line 1	3	7,567 77,311
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	77,311
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		-
	line 1	7	77,311
Pa	art XII Qualifying Distributions (see instructions)		
		1	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		61,197
a	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	01,197
ь	Program-related investments – total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.		
2	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	61,197
4 5	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	01,197
J	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		^
6	Enter 1% of Part I, line 27b (see instructions)	5 6	61,197
0	Adjusted qualifying distributions. Subtract line 5 from line 4	ן ס	01,197
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation		

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Form	990-PF (2012) MARY FLANNER	Y O'CONNOR	CHARITABLE	58-63098	341	Page <b>1</b>
Pa	art XIV Private Operating Fo	undations (see in	structions and Pa	rt VII-A, question	9)	
1a	If the foundation has received a ruling or d	etermination letter that	it is a private operating			· · · · · ·
	foundation, and the ruling is effective for 2	012, enter the date of ti	ne ruling	•		
b	Check box to indicate whether the foundat	ion is a private operatin	g foundation described	in section 4	1942(J)(3) or 4942	(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years	<b>*</b> ***	
	income from Part I or the minimum	(a) 2012	<b>(b)</b> 2011	(c) 2010	(d) 2009	(e) Total
	investment return from Part X for	(-,	(-/	(-,	(0,200	
L	each year listed 85% of line 2a				<del>                                     </del>	
b					-	
С	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
_	'		<del>                                     </del>	· · · · · · · · · · · · · · · · · · ·	+	
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
2						
3	Complete 3a, b, or c for the					
а	alternative test relied upon "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					<u> </u>
	of minimum investment return shown in					
	Part X, line 6 for each year listed					
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)  (2) Support from general public					<u> </u>
	and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income		<u> </u>			
Pa	art XV Supplementary Infor	mation (Complet	e this part only if	the foundation	had \$5,000 or mor	e in assets at
	any time during the y	<u>rear – see instruc</u>	ctions.)			
1	Information Regarding Foundation Ma	nagers:				
а	List any managers of the foundation who h	nave contributed more th	han 2% of the total cont	ributions received by th	ne foundation	
	before the close of any tax year (but only if	they have contributed	more than \$5,000) (Se	e section 507(d)(2))		
	N/A	•	, , ,	( ), //		
b	List any managers of the foundation who convership of a partnership or other entity)		•		tion of the	
	N/A					
2	Information Regarding Contribution, G	rant, Gift, Loan, Scho	plarship, etc. Program	ns:		
_		makes contributions to	· -		not accept	
	•		•	•	•	
	unsolicited requests for funds. If the found		is, etc. (see instruction	a) to incividuals of orga	anzauons unuer	
	other conditions, complete items 2a, b, c,		- 4b	ahada baada sa		
а	The name, address, and telephone number <b>N/A</b>	er or e-mail of the perso	n to whom applications	should be addressed:		
b	The form in which applications should be $\mathbf{N/A}$	submitted and informati	on and materials they s	hould include		
С	Any submission deadlines N/A	-				
d	Any restrictions or limitations on awards, s	uch as by geographics	Lareas, chantable fields	kinds of institutions	or other	
u	factors:	son as by geographica	i areas, chantable lidus	ร หมานอ ปา แเอนเนนปาร, (	o Jula	
	N/A					
AA						Form 990-PF (20

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year AQUINAS CENTER OF THEOLOGY AT EMORY 1256 BRIARCLIFF RD NONE EXEMPT ATLANTA GA 30306 EDUCATIONAL 15,000 LOYOLA UNIVERSITY 1032 W SHERIDAN RD NONE EXEMPT CHICAGO IL 60660 EDUCATIONAL 10,000 ▶ 3a 25,000 Total **b** Approved for future payment N/A Total 3b Form 990-PF (2012) DAA

1	Part XVI-A	Analysis of Income-Producing Act	ivities				
		unts unless otherwise indicated	I	ed business income	Excluded	d by section 512, 513, or 514	
	J		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income
1	Program sen	vice revenue.			code		(See instructions )
	a						
	c						
	d						·
	е				ļ		
	f						
	g Fees and	d contracts from government agencies					,
2	Membership	dues and assessments			<u> </u>		
		avings and temporary cash investments			14	8,488	
		d interest from securities			14	50,252	<del></del>
5		come or (loss) from real estate					
		anced property					
		-financed property					
		come or (loss) from personal property			4 -	222 242	
	Other investr				15	392,542	
		) from sales of assets other than inventory			18	8,520	2,031
		or (loss) from special events			-		
	•	or (loss) from sales of inventory					
17		e a			-	<u> </u>	
					+		
12	e	d columns (b), (d), and (e)		O	1	459,802	2,031
		ne 12, columns (b), (d), and (e)		·	<u>′1</u>	13	461,833
		n line 13 instructions to verify calculations)				'' -	401,033
	Part XVI-B	Relationship of Activities to the Ac	complish	ent of Exempt F	Purpos	es	
	Line No. ▼	Explain below how each activity for which income is accomplishment of the foundation's exempt purpose	reported in colu	mn (e) of Part XVI-A c	ontributed	importantly to the	
	N/A	accomplishment of the foundation's exempt purpose	s (outer triair b)	providing failes for se	ich puipo	ses) (See instructions)	<del></del>
	24/22					<del></del>	
		***					
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		-				· · · · · · · · · · · · · · · · · · ·	**
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ran /	ÝΑΠ	Exempt Organiz	_	ransters to al	na i ransacti	ons and Relationships v	vith Noncharitable		
1 Dic	the orga			in any of the follow	ving with any other	er organization described		Yes	No
					-	on 527, relating to political			
org	janizatior	ıs?							
<b>a</b> Tra	ansfers fr	om the reporting founda	ation to a non	charitable exempt	organization of		<u>;</u>		
(1)	Cash						1a(1)		X
(2)	Other a	ssets					1a(2)		X
<b>b</b> Oth	ner trans	actions							
(1)	Sales o	f assets to a nonchantal	ble exempt or	rganization			1b(1)		X
(2)	Purcha	ses of assets from a noi	nchantable e	xempt organization			1b(2)	<u>L</u> .	X
(3)	Rental	of facilities, equipment, o	or other asse	ets			1b(3)	<u> </u>	X
(4)	Reimbu	rsement arrangements					1b(4)	<u> </u>	X
(5)	Loans of	or loan guarantees					1b(5)		X
(6)	Perform	nance of services or mei	mbership or f	fundraising solicita	tions		1b(6)		X
	-	acilities, equipment, ma	•	•	, ,		1c		X
						(b) should always show the fair m			
		•	_			foundation received less than fair			
						e goods, other assets, or services i	· · · · · · · · · · · · · · · · · · ·		
(a) Lir	ne no	(b) Amount involved	(c) Nam	e of nonchantable exem	npt organization	(d) Description of transfers, t	ransactions, and sharing arrangement	ents	
N/A			<del>                                     </del>						
<del></del>			<del>                                     </del>						
		ļ	<u> </u>						
			<del> </del>						
			<del> </del>	<del></del>	·				
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-			<u>†</u>						
			<del>                                     </del>						
		<del> </del>	1						
		-	<del> </del>				<del></del>		
2a Ist	he found	ation directly or indirectly	lv affiliated wi	ith, or related to, or	ne or more tax-ex	empt organizations			
		section 501(c) of the C	-			. •	Пү	es X	No
		nplete the following sch			,,				]
		(a) Name of organization		(b) Type of o	organization	(c) Descri	ption of relationship		
N/2	A								
· ·							<del></del>		
						dules and statements, and to the best of m	y knowledge and belief, it is true,		
	соггест, а	no complete Declaration of p	reparer (other th	nan taxpayer) is based (	on all information of w	thich preparer has any knowledge	May the IRS discuss this	retum	
Sign							with the preparer shown t		٦ ا
Here	,	۳	0	^-			(see instructions)?	Yes	No
	1	June	. Louis	- + low	enel o	5-15-13 C.T.	44 Tie		
	Sign	ature of officer or trustee			Date				
	Pnnt/T	ype preparer's name			P <del>rep</del> arer's signati	ue)	Date	Check	
Daid	1				XIII Sens	8.1/		self-em	_
Paid	WILL	IAM S. LAMB, C	CPA		WILLIAM S	LAMB, CPA	05/14/13	L	
Preparer	Firm's	name ▶ LAMB	& BRAS	SWELL, LLO	<u> </u>		PTIN P0035	7345	<u>;                                    </u>
Use Only	Firm's			GHT RD			Fim's EIN ▶ 58-221		
	<u></u>	MACON	N, GA	31210-170	07		Phone no 478-47	1-8	488
							Form 9	90-PF	(2012)

58-6309841

### Federal Statements

### Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets

De	Description		How Received				•
Whom Sold	Date Acquired	Date Sold	Sale Price	Cost	Expense	Depreciation	Net Gain / Loss
SCHWAB GNMA FUND			S				
VANGIJARD ROND INDEX	VARIOUS	7/12/12 \$	84,785 \$ PIIRCHASE	84,609 \$		<i></i>	\$ 176
	2/22/12 ROND INDEX	9/25/12	28,963 PHRCHASE	28,898			65
THOUS GIVEN	VARIOUS	3/02/12	354	354			
DFA TWO YEAR GLOBAL	FIXED INCOME VARIOUS 6,	ME 6/01/12	PURCHASE 1,813	1,806			7
FPA NEW INCOME CL A	VARIOUS	7/12/12	PURCHASE 73.172	73,305			133
ISHARES DJ SELECT DIV	V FD		PURCHASE				
CIVITY KAND GRANDS	VARIOUS	7/12/12	53,210 BIIDCHASE	51,358			1,852
DNO I GENER GRANDS	VARIOUS	VARIOUS	314,969	311,451			3,518
VANGUARD DIV APPRCIATIO	TIO	1	PURCHASE				
MAHL HACHS CARILLARY	10/27/11	5/15/12	52,292 PHRCHASE	50,508			1,784
VANGOARD SHORI IERR	VARIOUS	3/02/12	2,774	2,766			8
SCHWAB GNMA FUND	VARIOUS	9/25/12	PURCHASE 798	795			m
DFA TWO YEAR GLOBAL			PURCHASE				•
FPA NEW INCOME CI. A	VARIOUS	6/01/12	122,631 PURCHASE	124,130			-1,499
	VARIOUS	VARIOUS	77,424	79,324			-1,900
SCHWAB GNMA FUND	VARIOUS	7/12/12	PURCHASE 63,211	62,019			1,192
VANGUARD BOND INDEX	FUND	9/25/12	PURCHASE 82 415				
VANGUARD SHORT TERM	BOND	1	PURCHASE	)			1
	VARIOUS	3/02/12	135, 195	134,376			819
TOTAL		ς,	1,094,006 \$	1,088,094 \$	0	\$	\$ 5,912

### Federal Statements

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## Statement 5 - Form 990-PF, Part I, Line 23 - Other Expenses

d Charitable Purpose	۷Դ		s 0
Adjusted Net	\$		w.
Net Investment		39,317 13,404	52,721
=	ω		ళ
Total		39,317 13,404	52,721
	ᡐ		ss.
Description	EXPENSES	COMMISSIONS ON ROYALITIES INVESTMENT FEES	TOTAL

# Statement 6 - Form 990-PF, Part II, Line 10a - US and State Government Investments

Description	8	Beginning of Year		End of Year	Basis of Valuation	ш	Fair Market Value
ARLINGTON TEX WTR	‹›	21,360	·	21,360	MARKET	တ	22,852
CHICAGO ILL MET WTR		20,931		20,931	MARKET		22,550
CLARK CNTY WASH PUB		15,994		15,994	MARKET		16,266
FORT WORTH TEX INDP		11,106		11,106	MARKET		10,527
KENOSHA WIS		11,343		11,343	MARKET		12,149
LAS VEGAS VALLEY NE		15,969		15,969	MARKET		16,534
MINNESOTA ST		22,365		22,365	MARKET		23,078
NEW YORK NY FOR		17,951		17,951	MARKET		18,242
PA ST HIGHER ED		16,168		16,168	MARKET		17,261
REGIONAL TRANSN		16,628		16,628	MARKET		17,873
ST PETERSBURG FL		16,052		16,052	MARKET		16,008
TOTAL	φ	185,867	ς.	185,867		sy.	193,340

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Description	ш	Beginning of Year	End of Year		Basis of Valuation	Fair Market Value
DFA TWO YEAR GLOBAL	     	125,936	ዏ		MARKET	w.
GOLDMAN SACHS STRATEGIC					MARKET	
PIMCO UNCONSTRAINED BD					MARKET	
VANGUARD SHORT TERM		137,142	84,	389	MARKET	84,238
FPA NEW INCOME CL A		248,684	100,	126	MARKET	100,104
SCHWAB GNMA FUND		373,472	177,	112	MARKET	175,118
DOUBLELINE TOTAL RETURN			339,	446	MARKET	340,545
PIMCO TOTAL RETURN ET			141,	355	MARKET	142,419
TOTAL	ν,	885,234	\$ 842,428	428		\$ 842,424

## Statement 8 - Form 990-PF, Part II, Line 13 - Other Investments

Fair Market	v <sub>r</sub>	272,716 209,778 227,334	\$ 709,828
Basis of Valuation	MARKET MARKET MARKET MARKET MARKET MARKET	MARKET MARKET MARKET MARKET MARKET MARKET	
End of Year		273,626 210,912 221,898	706,436
	v)		ۍ ۳
Beginning of Year	51,358	50,509	184,262
<b>H</b>	v <sub>r</sub>		s,
Description	ISHARES DJ SELECT DIV FD ISHARES TR BARCLAYS TIPS ISHARES TR MSCI EAFE FUND POWERSHS QQQ TRUST SER 1 SPDR S&P INTERNATIONAL VANGUARD BOND INDEX FUND	VANGUARD SMALL CAP VANGUARD SMALL CAP VALUE VANGUARD VALUE VANGUARD DIV APPRCIATION INVESCO BALANCED RISK PERMANENT PORTFOLIO	TOTAL

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### **Federal Statements**

### Statement 9 - Form 990-PF, Part II, Line 15 - Other Assets

Description	_	Beginning of Year	_	End of Year	Fair Market Value
ROYALITY INTEREST DIVIDEND RECEIVABLE	\$	110,962	\$	110,962 894	\$ 110,962 894
TOTAL	\$	110,962	\$	111,856	\$ 111,856

### Statement 10 - Form 990-PF, Part III, Line 3 - Other Increases

	<u> </u>	Amount		
BOOK TO TAX DIFFERENCE	\$	468		
TOTAL	\$	468		