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

2012

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

For calendar year 2012, or tax year beginning 7/01, 2012, and ending 6/30, 2013

BRASWELL FUND  
P.O. BOX 857  
MADISON, GA 30650

G Check all that apply:  Initial return  Initial return of a former public charity  
 Final return  Amended return  
 Address change  Name change

H Check type of organization:  Section 501(c)(3) exempt private foundation  
 Section 4947(a)(1) nonexempt charitable trust  Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, column (c), line 16) J Accounting method:  Cash  Accrual  
 Other (specify) (Part I, column (d) must be on cash basis) --> \$ 334,595.

A	Employer identification number 58-6033308	► <input type="checkbox"/>
B	Telephone number (see the instructions) (706) 343-6500	► <input type="checkbox"/>
C	If exemption application is pending, check here	► <input type="checkbox"/>
D	1 Foreign organizations, check here	► <input type="checkbox"/>
	2 Foreign organizations meeting the 85% test, check here and attach computation	► <input type="checkbox"/>
E	If private foundation status was terminated under section 507(b)(1)(A), check here	► <input type="checkbox"/>
F	If the foundation is in a 60-month termination under section 507(b)(1)(B), check here	► <input type="checkbox"/>

**Part I Analysis of Revenue and Expenses** (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))

		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
REVENUE	1 Contributions, gifts, grants, etc, received (att sch)				
	2 Ck ► <input checked="" type="checkbox"/> if the foundn is not req to att Sch B				
	3 Interest on savings and temporary cash investments	7.	7.	7.	
	4 Dividends and interest from securities	11,845.	11,845.	11,845.	
	5a Gross rents b Net rental income or (loss)				
	6a Net gain/(loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a	13,158.			
	7 Capital gain net income (from Part IV, line 2)		13,158.		
	8 Net short-term capital gain			248.	
	9 Income modifications				
	10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit/(loss) (att sch)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	25,010.	25,010.	12,100.	
ADMIN EXPENSES	13 Compensation of officers, directors, trustees, etc	2,985.	1,492.		1,493.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule) b Accounting fees (attach sch) SEE STM 1 c Other prof fees (attach sch)	3,027.	1,514.		1,513.
	17 Interest				
	18 Taxes (attach schedule) (see instrs) SEE STM 2	755.	570.		185.
	19 Depreciation (attach sch) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule) SEE STATEMENT 3	3,840.	3,784.		56.
	24 Total operating and administrative expenses. Add lines 13 through 23	10,607.	7,360.		3,247.
	25 Contributions, gifts, grants paid PART XV	15,600.			15,600.
26 Total expenses and disbursements. Add lines 24 and 25	26,207.	7,360.	0.	18,847.	
27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	-1,197.				
		17,650.		12,100.	

Part II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
ASSETS	1 Cash – non-interest-bearing		7,530.	12,478.	12,478.
	2 Savings and temporary cash investments				
	3 Accounts receivable	►			
	Less: allowance for doubtful accounts	►			
	4 Pledges receivable	►			
	Less allowance for doubtful accounts	►			
	5 Grants receivable				
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)				
	7 Other notes and loans receivable (attach sch)	►			
	Less: allowance for doubtful accounts	►			
	8 Inventories for sale or use				
	9 Prepaid expenses and deferred charges				
	10a Investments – U.S. and state government obligations (attach schedule)				
	b Investments – corporate stock (attach schedule)				
	c Investments – corporate bonds (attach schedule)				
	11 Investments – land, buildings, and equipment: basis	►			
	Less accumulated depreciation (attach schedule)	►			
	12 Investments – mortgage loans				
	13 Investments – other (attach schedule)	STATEMENT 4	273,767.	297,117.	297,117.
	14 Land, buildings, and equipment: basis	► 25,000.			
	Less accumulated depreciation (attach schedule)	SEE STMT 5 ►	25,000.	25,000.	25,000.
	15 Other assets (describe ► )				
	16 Total assets (to be completed by all filers – see the instructions. Also, see page 1, item I)		306,297.	334,595.	334,595.
LIABILITIES	17 Accounts payable and accrued expenses				
	18 Grants payable				
	19 Deferred revenue				
	20 Loans from officers, directors, trustees, & other disqualified persons				
	21 Mortgages and other notes payable (attach schedule)				
	22 Other liabilities (describe ► SEE STATEMENT 6 )		295.	399.	
	23 Total liabilities (add lines 17 through 22)		295.	399.	
	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.	►			
	24 Unrestricted				
	25 Temporarily restricted				
	26 Permanently restricted				
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.	► X			
	27 Capital stock, trust principal, or current funds				
	28 Paid-in or capital surplus, or land, building, and equipment fund				
	29 Retained earnings, accumulated income, endowment, or other funds		306,002.	334,196.	
	30 Total net assets or fund balances (see instructions)		306,002.	334,196.	
	31 Total liabilities and net assets/fund balances (see instructions)		306,297.	334,595.	

## Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	306,002.
2 Enter amount from Part I, line 27a	2	-1,197.
3 Other increases not included in line 2 (itemize) ► SEE STATEMENT 7	3	29,391.
4 Add lines 1, 2, and 3	4	334,196.
5 Decreases not included in line 2 (itemize) ►	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30	6	334,196.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)			(b) How acquired P — Purchase D — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a SEE STATEMENT 8					
b					
c					
d					
e					
(e) Gross sales price		(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a					
b					
c			•		
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69					(i) Gains (Column (h)) gain minus column (k), but not less than -0- or Losses (from column (h))
(i) Fair Market Value as of 12/31/69		(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any		
a					
b					
c					
d					
e					
2 Capital gain net income or (net capital loss).	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7			2	13,158.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):	If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8			3	248.

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

 Yes  No

If 'Yes,' the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (column (b) divided by column (c))
2011	12,185.	311,726.	0.039089
2010	14,182.	297,457.	0.047677
2009	12,577.	291,710.	0.043115
2008	17,756.	276,883.	0.064128
2007	14,719.	383,413.	0.038389

2 Total of line 1, column (d)	2	0.232398
3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0.046480
4 Enter the net value of noncharitable-use assets for 2012 from Part X, line 5	4	320,432.
5 Multiply line 4 by line 3	5	14,894.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	177.
7 Add lines 5 and 6	7	15,071.
8 Enter qualifying distributions from Part XII, line 4	8	18,847.

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 Part VI instructions.

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)**

1 a	Exempt operating foundations described in section 4940(d)(2), check here ► <input type="checkbox"/> and enter 'N/A' on line 1 Date of ruling or determination letter (attach copy of letter if necessary – see instrs)	1 177.
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2 3 4 5 177.
3	Add lines 1 and 2	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-	
6	<b>Credits/Payments</b>	
a	2012 estimated tax pmts and 2011 overpayment credited to 2012	6 a 6 b 6 c 6 d
b	Exempt foreign organizations – tax withheld at source	
c	Tax paid with application for extension of time to file (Form 8868)	
d	Backup withholding erroneously withheld	
7	Total credits and payments. Add lines 6a through 6d.	7 8 9 10 11 177.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	
11	Enter the amount of line 10 to be: <b>Credited to 2013 estimated tax</b> ► <b>Refunded</b>	

**Part VII-A Statements Regarding Activities**

1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?

	Yes	No
1 a		X

b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?

1 b		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

1 c		X
-----	--	---

c Did the foundation file **Form 1120-POL** for this year?

1 d		
-----	--	--

d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:

(1) On the foundation ► \$ 0.	(2) On foundation managers ► \$ 0.	0.
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e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ► \$ 0.

2		X
---	--	---

2 Has the foundation engaged in any activities that have not previously been reported to the IRS?

3		X
---	--	---

If 'Yes,' attach a detailed description of the activities

4 a		X
-----	--	---

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

4 b		N/A
-----	--	-----

4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?

5		X
---	--	---

b If 'Yes,' has it filed a tax return on **Form 990-T** for this year?

6		
---	--	--

5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?

7		X
---	--	---

If 'Yes,' attach the statement required by General Instruction T

8 a		
-----	--	--

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

9		
---	--	--

• By language in the governing instrument, or

10		
----	--	--

• 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?

8 b		X
-----	--	---

7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV

9		X
---	--	---

8 a Enter the states to which the foundation reports or with which it is registered (see instructions)

10		X
----	--	---

GA

8 a		
-----	--	--

b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation

9		
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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

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

**Part VII-A Statements Regarding Activities (continued)**

11		X
12		X
13	X	
Website address ► N/A		
14	The books are in care of ► JUDGE CHARLES MERRITT	Telephone no. ► 706-343-6500
Located at ► 259 NORTH SECOND ST MADISON GA ZIP + 4 ► 30650		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the year ► 15 N/A □ N/A	
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? Yes X	
See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If 'Yes,' enter the name of the foreign country □		

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.		
1 a	During the year did the foundation (either directly or indirectly):	
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
1 b	If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here ► □ N/A	
1 c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2012? □ X	
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)).	
2 a	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes,' list the years ► 20 ___, 20 ___, 20 ___, 20 ___	
2 b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement – see instructions.) □ N/A	
3 a	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► 20 ___, 20 ___, 20 ___, 20 ___	
3 b	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3 b	If 'Yes,' did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2012) □ N/A	
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? □ X	
4 b	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 2012? □ X	

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)****5a** During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

(3) Provide a grant to an individual for travel, study, or other similar purposes?

(4) Provide a grant to an organization other than a charitable, etc, 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, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

 Yes  No Yes  No  
 Yes  No Yes  No Yes  No**b** If any answer is 'Yes' to 5a(1)-(5), did **any** of the transactions fail 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 check here **c** 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)

N/A  Yes  No**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes  No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

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  No**b** If 'Yes,' did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b

5b X

6b X

7b X

**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 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
JUDGE CHARLES MERRITT 259 NORTH SECO MADISON, GA 30650	CUSTODIAN 1.00	1,200.	0.	0.
JUDGE MICHAEL F BRACEWELL 259 NORTH SECO MADISON, GA 30650	PAST CUST. 1.00	1,785.	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) 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
NONE	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----

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

&gt;

0

**Part VIII** **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

**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		

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

Organizations and other beneficiaries served, conferences convened, research papers produced, etc	
1	<u>N/A</u>
2	
3	
4	

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

1	N/A
2	
3	

All other program-related investments. See instructions

All other program-related investments. See instructions

**3** \_\_\_\_\_  
\_\_\_\_\_

**Total. Add lines 1 through 3** ► 0

---

**Total.** Add lines 1 through 3

Form 990-PF (2012)

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes:

a Average monthly fair market value of securities

b Average of monthly cash balances

c Fair market value of all other assets (see instructions)

d **Total** (add lines 1a, b, and c)

e Reduction claimed for blockage or other factors reported on lines 1a and 1c  
(attach detailed explanation)

1e 0.

2 Acquisition indebtedness applicable to line 1 assets

3 Subtract line 2 from line 1d

4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3  
(for greater amount, see instructions)

5 **Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4

6 **Minimum investment return.** Enter 5% of line 5

1a	294,047.
1b	6,265.
1c	25,000.
1d	325,312.
2	0.
3	325,312.
4	4,880.
5	320,432.
6	16,022.

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here  and do not complete this part.)

1 Minimum investment return from Part X, line 6

1 16,022.

2a Tax on investment income for 2012 from Part VI, line 5

2a 177.

b Income tax for 2012. (This does not include the tax from Part VI.)

2b

2c 177.

c Add lines 2a and 2b

3 15,845.

3 Distributable amount before adjustments. Subtract line 2c from line 1

4 15,845.

4 Recoveries of amounts treated as qualifying distributions

5 15,845.

5 Add lines 3 and 4

6 15,845.

6 Deduction from distributable amount (see instructions)

7 15,845.

7 **Distributable amount** as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1

**Part XII Qualifying Distributions** (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes:

1a 18,847.

a Expenses, contributions, gifts, etc – total from Part I, column (d), line 26

1b

b Program-related investments – total from Part IX-B

2

2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes

3

3 Amounts set aside for specific charitable projects that satisfy the:

3a

a Suitability test (prior IRS approval required)

3b

b Cash distribution test (attach the required schedule)

4 18,847.

4 **Qualifying distributions.** Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

5 177.

5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income  
Enter 1% of Part I, line 27b (see instructions)

6 18,670.

**Note.** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII Undistributed Income (see instructions)**

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI, line 7				15,845.
2 Undistributed income, if any, as of the end of 2012			15,586.	
a Enter amount for 2011 only		0.		
b Total for prior years 20 ___, 20 ___, 20 ___				
3 Excess distributions carryover, if any, to 2012:				
a From 2007				
b From 2008				
c From 2009				
d From 2010				
e From 2011				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2012 from Part XII, line 4: ► \$ 18,847.			15,586.	
a Applied to 2011, but not more than line 2a				
b Applied to undistributed income of prior years (Election required – see instructions)		0.		
c Treated as distributions out of corpus (Election required – see instructions)	0.			
d Applied to 2012 distributable amount				3,261.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount – see instructions		0.		
e Undistributed income for 2011. Subtract line 4a from line 2a Taxable amount – see instructions			0.	
f Undistributed income for 2012. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2013				12,584.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0.			
8 Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2008				
b Excess from 2009				
c Excess from 2010				
d Excess from 2011				
e Excess from 2012				

BAA

Form 990-PF (2012)

**Part XIV** **Private Operating Foundations** (see instructions and Part VII-A, question 9)

N/A

**Part XV** Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year — see instructions.)

## 1 Information Regarding Foundation Managers:

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2) )

**NONE**

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

**NONE**

## **2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs:**

Check here ►  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

**a** The name, address, and telephone number or e-mail of the person to whom applications should be addressed

SEE STATEMENT 9

**b** The form in which applications should be submitted and information and materials they should include

SEE STATEMENT FOR LINE 2A

**c Any submission deadlines:**

SEE STATEMENT FOR LINE 2A

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

SEE STATEMENT FOR LINE 2A

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
SEE STATEMENT 10				
<b>Total</b>			► 3a	15,600.
<i>b Approved for future payment</i>				
<b>Total</b>			► 3b	

## Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 312, 313, or 314		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	7.	
4 Dividends and interest from securities			14	11,845.	
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			14	13,158.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e) . . .				25,010.	
13 Total. Add line 12, columns (b), (d), and (e)					13 25,010.

(See worksheet in line 13 instructions to verify calculations.)

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)
N/A	

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

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a Transfers from the reporting foundation to a noncharitable exempt organization of:**

- (1) Cash
- (2) Other assets

**b Other transactions**

- (1) Sales of assets to a noncharitable exempt organization
- (2) Purchases of assets from a noncharitable exempt organization
- (3) Rental of facilities, equipment, or other assets
- (4) Reimbursement arrangements
- (5) Loans or loan guarantees
- (6) Performance of services or membership or fundraising solicitations
- (7) Sharing of facilities, equipment, mailing lists, other assets, or paid staff

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

**d** If the answer to any of the above is 'Yes,' complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes  No

**b** If 'Yes,' complete the following schedule

<b>(a) Name of organization</b>	<b>(b) Type of organization</b>	<b>(c) Description of relationship</b>
N/A		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign  
Here

Charles (e.) Merritt, Jr.  
Signature of officer or trustee

12-27-13

Dat

► CUSTODIAN

Title

May the IRS discuss this return with the preparer shown below (see instructions)?

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	SHEILA M. KOZAK, CPA		12/17/13		P00687026
	Firm's name	FULTON & KOZAK, CPA	Firm's EIN ► 20-1403280		
Firm's address	7187 JONESBORO RD STE 100A MORROW, GA 30260-2944				Phone no 770-961-4200

**BAA**

Form 990-PF (2012)

Application for Extension of Time To File an  
Exempt Organization Return

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete **only Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete **only Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extention on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only 

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number, see instructions

Type or print  <b>BRASWELL FUND</b>  File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions  P.O. BOX 857  City, town or post office, state, and ZIP code For a foreign address, see instructions  <b>MADISON, GA 30650</b>	Employer identification number (EIN) or  <b>58-6033308</b>  Social security number (SSN)
--	--	--

Enter the Return code for the return that this application is for (file a separate application for each return)

**04**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► JUDGE CHARLES MERRITT

Telephone No ► 706-343-6500 FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)       . If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time

until 2/15, 20 14, to file the exempt organization return for the organization named above.

The extension is for the organization's return for.

►  calendar year 20        or►  tax year beginning 7/01, 20 12, and ending 6/30, 20 132 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$ <b>177.</b>
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b \$ <b>0.</b>
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c \$ <b>177.</b>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

2012

## FEDERAL STATEMENTS

PAGE 1

BRASWELL FUND

58-6033308

**STATEMENT 1**  
**FORM 990-PF, PART I, LINE 16B**  
**ACCOUNTING FEES**

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	\$ 3,027.	\$ 1,514.	\$ 0.	\$ 1,513.
TOTAL	<u>\$ 3,027.</u>	<u>\$ 1,514.</u>	<u>\$ 0.</u>	<u>\$ 1,513.</u>

**STATEMENT 2**  
**FORM 990-PF, PART I, LINE 18**  
**TAXES**

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OTHER TAXES	\$ 386.	\$ 386.		
PAYROLL TAXES	369.	184.		
TOTAL	<u>\$ 755.</u>	<u>\$ 570.</u>	<u>\$ 0.</u>	<u>\$ 185.</u>

**STATEMENT 3**  
**FORM 990-PF, PART I, LINE 23**  
**OTHER EXPENSES**

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BANK CHARGES	\$ 19.	\$ 19.		
FIDELITY BOND	135.	135.		
INVESTMENT EXPENSE	3,395.	3,395.		
OFFICE SUPPLIES	30.			\$ 30.
PENALTIES	220.	220.		
POSTAGE	26.			26.
RENTAL OF SAFE DEPOSIT BOX	15.	15.		
TOTAL	<u>\$ 3,840.</u>	<u>\$ 3,784.</u>	<u>\$ 0.</u>	<u>\$ 56.</u>

**STATEMENT 4**  
**FORM 990-PF, PART II, LINE 13**  
**INVESTMENTS - OTHER**

	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
<u>OTHER SECURITIES</u>			
RAYMOND JAMES PORTFOLIO MUTUAL FUNDS/EQU	MKT VAL	\$ 297,117.	\$ 297,117.
TOTAL	<u>\$ 297,117.</u>	<u>\$ 297,117.</u>	

2012

## FEDERAL STATEMENTS

PAGE 2

BRASWELL FUND

58-6033308

**STATEMENT 5**  
**FORM 990-PF, PART II, LINE 14**  
**LAND, BUILDINGS, AND EQUIPMENT**

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE	FAIR MARKET VALUE
LAND	\$ 25,000.	\$ 0.	\$ 25,000.	\$ 25,000.
TOTAL	<u>\$ 25,000.</u>	<u>\$ 0.</u>	<u>\$ 25,000.</u>	<u>\$ 25,000.</u>

**STATEMENT 6**  
**FORM 990-PF, PART II, LINE 22**  
**OTHER LIABILITIES**

PAYROLL TAX PAYABLE	\$ 399.
TOTAL	<u>\$ 399.</u>

**STATEMENT 7**  
**FORM 990-PF, PART III, LINE 3**  
**OTHER INCREASES**

NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS	\$ 29,391.
TOTAL	<u>\$ 29,391.</u>

**STATEMENT 8**  
**FORM 990-PF, PART IV, LINE 1**  
**CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME**

ITEM	(A) DESCRIPTION	(B) HOW ACQUIRED	(C) DATE ACQUIRED	(D) DATE SOLD
1	33.59 DAVIS NEW YORK VENTURE	PURCHASED	12/19/2012	4/19/2013
2	12.39 FIDELITY CONVERTIBLE SECURITIES	PURCHASED	VARIOUS	4/19/2013
3	74.20 PERKINS MID CAP VALUE FUND	PURCHASED	12/21/2012	4/19/2013
4	724.68 DAVIS NEW YORK VENTURE	PURCHASED	VARIOUS	VARIOUS
5	1.91 DODGE & COX STOCK	PURCHASED	10/22/2003	8/01/2012
6	421.68 FIDELITY SHORT TERM SALES	PURCHASED	VARIOUS	4/19/2013
7	1749.67 PERKINS MID CAP VALUE FUND	PURCHASED	VARIOUS	4/19/2013
8	.378 NRG ENERGY INCORPORATED	PURCHASED	5/28/1999	12/16/2012

ITEM	(E) GROSS SALES	(F) DEPREC. ALLOWED	(G) COST BASIS	(H) GAIN (LOSS)	(I) FMV 12/31/69	(J) ADJ. BAS. 12/31/69	(K) EXCESS (I) - (J)	(L) GAIN (LOSS)
1	1,300.		1,194.	106.				\$ 106.
2	340.		315.	25.				25.
3	1,712.		1,595.	117.				117.
4	27,701.		20,407.	7,294.				7,294.
5	215.		201.	14.				14.
6	11,495.		11,523.	-28.				-28.
7	40,382.		34,597.	5,785.				5,785.
8	8.		163.	-155.				-155.
								TOTAL \$ 13,158.

**2012****FEDERAL STATEMENTS****PAGE 3****BRASWELL FUND****58-6033308****STATEMENT 9**  
**FORM 990-PF, PART XV, LINE 2A-D**  
**APPLICATION SUBMISSION INFORMATION**

NAME OF GRANT PROGRAM: BRASWELL FUND  
NAME: JUDGE CHARLES MERRITT  
CARE OF:  
STREET ADDRESS: 259 N. SECOND AVE, PROBATE CT  
CITY, STATE, ZIP CODE: MADISON, GA 30650  
TELEPHONE: 706-343-6500  
E-MAIL ADDRESS:  
FORM AND CONTENT: SEE EXHIBIT "A"  
PAGES 1-9  
SUBMISSION DEADLINES: MARCH 15  
RESTRICTIONS ON AWARDS: SEE EXHIBIT "A"  
PAGE 1

**STATEMENT 10**  
**FORM 990-PF, PART XV, LINE 3A**  
**RECIPIENT PAID DURING THE YEAR**

<u>NAME AND ADDRESS</u>	<u>DONEE RELATIONSHIP</u>	<u>FOUND- ATION STATUS</u>	<u>PURPOSE OF GRANT</u>	<u>AMOUNT</u>
JENNIFER ASHLEE UNIVERSITY OF GEORGIA ATHENS, GA 30602			EDUCATION	\$ 1,300.
RONALD CLYDE GEORGIA COLLEGE & STATE UNIVERSITY MILLEDGEVILLE, GA 31061			EDUCATION	1,300.
WILLIAM BEVERLY COCHRAN GEORGIA MILITARY COLLEGE MILLEDGEVILLE, GA 31061			EDUCATION	1,300.
JAMES CHRISTOPHER CROTT GEORGIA SOUTHERN UNIVERSITY STATESBORO, GA 30458			EDUCATION	1,300.
BRITTANY SHANA DAVIS GWINNETT TECHNICAL COLLEGE LAWRENCEVILLE, GA 30043			EDUCATION	1,300.
MICHAEL MANDEL GRAY LAGRANGE COLLEGE LAGRANGE, GA 30240			EDUCATION	1,300.
TIARA RENAE MOHONE VALDOSTA STATE UNIVERSITY VALDOSTA, GA 31698			EDUCATION	1,300.

2012

## FEDERAL STATEMENTS

PAGE 4

BRASWELL FUND

58-6033308

**STATEMENT 10 (CONTINUED)**  
**FORM 990-PF, PART XV, LINE 3A**  
**RECIPIENT PAID DURING THE YEAR**

<u>NAME AND ADDRESS</u>	<u>DONEE RELATIONSHIP</u>	<u>FOUND- ATION STATUS</u>	<u>PURPOSE OF GRANT</u>	<u>AMOUNT</u>
MIRANDA KAY PARSON ARMSTRONG ATLANTIC STATE UNIVERSITY SAVANNAH, GA 31419			EDUCATION	\$ 1,300.
ANNABETH ENGLISH SPENCE UNIVERSITY OF GEORGIA ATHENS, GA 30602			EDUCATION	1,300.
REBECCA ELIZABETH SPENCE UNIVERSITY OF ALABAMA TUSCALOOSA, AL 35487			EDUCATION	1,300.
LADARRIUS DEOTRAY WALKER ALBANY STATE UNIVERSITY ALBANY, GA 31705			EDUCATION	1,300.
MICHAEL JUSTIN WALKER UNIVERSITY OF GEORGIA ATHENS, GA 30602			EDUCATION	1,300.
<b>TOTAL</b>				<b>\$ 15,600.</b>

EXHIBIT A, PAGE 1

BRASWELL FUND SCHOLARSHIP APPLICATION

By Michael F. Bracewell  
Probate Judge  
Morgan County Courthouse  
Madison, Georgia 30650  
(706) 342-1373

Persons potentially eligible for Braswell Fund Scholarships: Any person who has resided in Morgan County, Georgia for at least one (1) year prior to making application for such funds and who at that time is deprived of the care of one or more parent due to death and who will be enrolled as a full-time student in a post-secondary educational institution for three consecutive quarters or two consecutive semesters within the 13 month period starting June 1 of this year. Said educational institution must be accredited by all relevant state and/or regional agencies and said institution must require all students to have a high school diploma or its equivalent.

APPLICATION FOR SCHOLARSHIP  
SCHOOL TERMS

200 - 200

To receive consideration for financial assistance, you must complete and return this form along with a school certified copy of all high school and college transcripts to the above address on or before March 15 of the year for which you desire a scholarship. Also include a one-page, typed or handwritten essay on why a post-secondary education is important to you.

NAME: \_\_\_\_\_  
(Last) (First) (Middle) (Maiden) (Soc. Sec. No.)

PERMANENT ADDRESS: \_\_\_\_\_ Telephone: \_\_\_\_\_

(City) (County) (State) (Zip Code)

(Date of Birth) (Place of Birth) (Country of Citizenship, if not  
U.S., state Visa type)

MARITAL STATUS: Single \_\_\_\_\_ Engaged \_\_\_\_\_ Married \_\_\_\_\_  
Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

(Name of Husband or Wife) (Date of Marriage) (No. & Ages of Children)

(Occupation of Spouse) (Employer of Spouse)

EXHIBIT A, PAGE 2

Has your Father died?

Yes        No       

If yes, give date of death:

\_\_\_\_\_

Has your Mother died?

Yes        No        Unknown       

If yes, give date of death:

\_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OCCUPATION: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

IF BOTH PARENTS DECEASED, GIVE NAME, ADDRESS AND OCCUPATION OF GUARDIAN(S):

\_\_\_\_\_

\_\_\_\_\_

CHECK THE CATEGORY IN WHICH THE TOTAL INCOME OF YOUR PARENT(S) OR GUARDIAN FALLS:

Under \$12,000  ; \$12,000-\$15,000  ; \$15,000-\$20,000  ;

\$20,000-\$25,000  ; \$25,000-\$30,000  ; \$30,000-\$35,000  ;

\$40,000-\$50,000  ; \$50,000-\$60,000  ; Over \$60,000  ;

NUMBER OF BROTHERS OLDER? \_\_\_\_\_ YOUNGER? \_\_\_\_\_

NOW IN COLLEGE? \_\_\_\_\_ NOW IN HIGH SCHOOL? \_\_\_\_\_

NUMBER OF SISTERS OLDER? \_\_\_\_\_ YOUNGER? \_\_\_\_\_

NOW IN COLLEGE? \_\_\_\_\_ NOW IN HIGH SCHOOL? \_\_\_\_\_

EXHIBIT A, PAGE 3

LIST TWO PERSONS (NOT RELATIVES) AS CHARACTER REFERENCES:

Name \_\_\_\_\_ No. of Years Known \_\_\_\_\_ Occupation \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

Name \_\_\_\_\_ No. of Years Known \_\_\_\_\_ Occupation \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

ARE YOU CURRENTLY ENROLLED AT A COLLEGE OR UNIVERSITY? \_\_\_\_\_

DID YOU ATTEND A COLLEGE OR UNIVERSITY PRIOR TO THIS QUARTER? \_\_\_\_\_

IF SO, WHAT WAS THE DATE OF YOUR INITIAL ENROLLMENT? \_\_\_\_\_

NAME AND ADDRESS OF COLLEGE OR UNIVERSITY: \_\_\_\_\_

WHAT COLLEGE OR UNIVERSITY DO YOU PLAN TO ATTEND? \_\_\_\_\_

HAS YOUR APPLICATION FOR ADMISSION BEEN APPROVED? \_\_\_\_\_

WHEN DO YOU EXPECT TO ENTER? \_\_\_\_\_

WHAT COLLEGE COURSE WILL YOU STUDY? \_\_\_\_\_

(Degree)

(Major)

FOR WHAT CAREER ARE YOU PREPARING? \_\_\_\_\_

DATE OF GRADUATION? \_\_\_\_\_

CHECK THE APPROPRIATE CLASSIFICATION AND SCHOOL EFFECTIVE THE FIRST TERM TO BE COVERED BY THE APPLICATION:

Freshman	Sophomore	Junior	Senior
Agriculture			Home Economics
Arts and Sciences			Journalism
Business Administration			Pharmacy
Education			Social Work
Environmental Design			Veterinary Medicine
Forestry Resources			Other

EXHIBIT A, PAGE 4

EDUCATION: (Begin with high school and include current school):

Name of Institution	From	To	Degree	Date	Major	Academic Average

HONORS AND ACTIVITIES:

College Honors, Honorary Organizations and Professional Societies:

College & High School Activities (athletic, social and literary) and office held:

MILITARY SERVICE: NON-VET \_\_\_\_\_ VET \_\_\_\_\_ RESERVE \_\_\_\_\_ R.O.T.C. \_\_\_\_\_

PRESENT CLASSIFICATION \_\_\_\_\_

EMPLOYMENT EXPERIENCE: (full-time, significant part-time, summer work and military):

NAME OF EMPLOYER (Most Recent Position at Top)	LOCATION	TYPE OF WORK	DATES FROM	(MO./YR.) TO

EXHIBIT A, PAGE 5

Have you ever been granted a scholarship? \_\_\_\_\_

Have you received a previous National Defense Student Loan? \_\_\_\_\_

Have you borrowed from a State guaranteed loan program? \_\_\_\_\_

Do you have other outstanding debts or financial obligations, (including automobile)? \_\_\_\_\_

IF YOU HAVE ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, EXPLAIN BELOW IN DETAIL:

<u>To whom indebted</u>	<u>For what purpose</u>	<u>Total Amount</u>	<u>Monthly Payment</u>	<u>Date Final Payment Due</u>

Will you operate a car at school? \_\_\_\_\_ Will you in the future? \_\_\_\_\_

Why? \_\_\_\_\_ Owner? \_\_\_\_\_

Year? \_\_\_\_\_ Make? \_\_\_\_\_ Model? \_\_\_\_\_ When Purchased? \_\_\_\_\_

EXHIBIT A, PAGE 6

PROPOSED BUDGET

Please complete carefully for the school year for which you are applying, indicating quarters or semesters covered:

Quarters: Fall 199\_ Winter 199\_ Spring 199\_ Summer 199\_

Semester: 1st \_\_\_\_\_ 2nd \_\_\_\_\_ Summer \_\_\_\_\_

INCOME:

PERSONAL SAVINGS.....\$ \_\_\_\_\_

STUDENT EARNINGS

Summer/Vacation.....\_\_\_\_\_

Part-Time.....\_\_\_\_\_

FAMILY AID

Parents.....\_\_\_\_\_

Other relatives.....\_\_\_\_\_

Spouse's income.....\_\_\_\_\_

SCHOLARSHIP, OTHER AID:

Gift scholarships...\_\_\_\_\_

(specify).....\_\_\_\_\_

Military allowance..\_\_\_\_\_

G.I. Bill/War Orphans\_\_\_\_\_

Vocational Rehab. Aid..\_\_\_\_\_

OTHER: (specify).....\_\_\_\_\_

TOTAL INCOME.....\$ \_\_\_\_\_

EXPENSES:

ALL FEES (including all tuition).....\$ \_\_\_\_\_

BOOKS AND SUPPLIES...\_\_\_\_\_

RESIDENT STUDENTS ONLY:

Room.. . . . . \_\_\_\_\_

Board..... . . . . . \_\_\_\_\_

COMMUTING STUDENTS ONLY:

Lunches..... . . . . . \_\_\_\_\_

Transportation .. . . . . \_\_\_\_\_

MARRIED STUDENTS ONLY:

Rent..... . . . . . \_\_\_\_\_

Food..... . . . . . \_\_\_\_\_

Utilities..... . . . . . \_\_\_\_\_

Child Care . . . . . \_\_\_\_\_

CLOTHING..... . . . . . \_\_\_\_\_

AUTOMOBILE..... . . . . . \_\_\_\_\_

SPENDING ALLOWANCE:

Fraternity-Sorority... . . . . . \_\_\_\_\_

Laundry, Recreation & recreational necessities \_\_\_\_\_

TOTAL EXPENSES.....\$ \_\_\_\_\_

EXHIBIT A, PAGE 7

Do you plan to work this summer? \_\_\_\_\_ Where/What? \_\_\_\_\_

Are you interested in working part-time while attending school?

What type of work are you qualified for and interested in? \_\_\_\_\_

What office skills do you possess? Typing \_\_\_\_\_ WPM      Dictation \_\_\_\_\_ WPM

Office Machines \_\_\_\_\_  
(List)

Other Skills? \_\_\_\_\_ (Specify) \_\_\_\_\_

Additional information you wish the Braswell Fund Scholarship Committee to know:

EXHIBIT A, PAGE 8

STUDENT'S AGREEMENT

a) The information stated in this application is true and correct.

b) If I am granted and accept a scholarship, I hereby certify that:

- (i) I am or will be a full-time college student as defined by the school College or University I (plan to) (am) attending;
- (ii) I understand that a scholarship grant is made for no more than one school year, and that by awarding a scholarship the Braswell Fund in no way obligates itself for subsequent year grants;
- (iii) I will use the proceeds of the scholarship award for the payment of tuition and required fees, board and room or similar living expenses and for instructional equipment, materials and books;
- (iv) I hereby acknowledge that the information submitted on the Parent's (Guardian's) Statement is true and correct to the best of my knowledge and belief.
- (v) I agree to notify the Braswell Fund of any substantial changes in my family or personal financial situation. I also agree to notify the Braswell Fund of any additional financial assistance which I may receive from other sources and understand such assistance may cause change in any subsequent scholarship awards.

(SEAL)

\_\_\_\_\_  
Signature of Applicant

Sworn to and subscribed  
before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 199 \_\_\_\_.

Notary Public \_\_\_\_\_ Co., GA  
My Commission expires: \_\_\_\_\_  
(Affix Notary Seal)

Parent's (Guardian's) Statement (if student is under 18):

This is to certify that I know about and approve of this application for a scholarship being made by my son/daughter/ward and that the information stated in the application is true and correct to the best of my knowledge and belief.

(SEAL)

\_\_\_\_\_  
Signature of Parent or Guardian

Sworn to and subscribed  
before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 199 \_\_\_\_.

Notary Public \_\_\_\_\_ Co., GA  
My Commission expires: \_\_\_\_\_  
(Affix Notary Seal)

EXHIBIT A, PAGE 9

ESSAY - Handwrite below or attach typed page if you prefer.

Application for Extension of Time To File an  
Exempt Organization Return

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ►
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extention on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on **e-file for Charities & Nonprofits**.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ► *All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions  <b>BRASWELL FUND</b>	Employer identification number (EIN) or  <b>58-6033308</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite number If a P O box, see instructions  <b>P.O. BOX 857</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code For a foreign address, see instructions  <b>MADISON, GA 30650</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

**04**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► JUDGE MICHAEL F BRACEWELL

Telephone No. ► 706-343-6500 FAX No ►

- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ► . If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time

until 2/15, 2014, to file the exempt organization return for the organization named above.

The extension is for the organization's return for

- calendar year 20 \_\_\_\_\_ or
- tax year beginning 7/01, 20 12, and ending 6/30, 20 13

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a \$ <u>0.</u>
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b \$ <u>0.</u>
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c \$ <u>0.</u>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form 8868 (Rev 1-2013)