



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



# 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 30650A Employer identification number  
58-6033308B Telephone number (see the instructions)  
(706) 343-6500C If exemption application is pending, check here ☐D 1 Foreign organizations, check here ☐2 Foreign organizations meeting the 85% test, check here and attach computation ☐E If private foundation status was terminated under section 507(b)(1)(A), check here ☐F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐

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) ☐ Accounting method: ☐ Cash ☒ Accrual  
 ▶ \$ 334,595. ☐ Other (specify) (Part I, column (d) must be on cash basis)

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)
1	Contributions, gifts, grants, etc. received (att sch)				
2	Ch <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	13,158.			
b	Gross sales price for all assets on line 6a 83,153.				
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.	
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 ST 1	3,027.	1,514.		1,513.
c	Other prof fees (attach sch)				
17	Interest				
18	Rents (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	-1,197.			
b	Net investment income (if negative, enter -0-)		17,650.		
c	Adjusted net income (if negative, enter -0-)			12,100.	

SCANNED JAN 16 2014

REVENUE

ADMINISTRATIVE EXPENSES

 RECEIVED  
 DEC 31 2013  
 OGDEN UT

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.			
NET ASSETS OR FUND BALANCES	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)
1 a 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))
(j) Fair Market Value as of 12/31/69	(k) Adjusted basis as of 12/31/69	(l) Excess of column (i) over column (j), if any	
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss).	<div> <div>If gain, also enter in Part I, line 7</div> <div>If (loss), enter -0- in Part I, line 7</div> </div>	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)			
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		1	177.
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	0.
3 Add lines 1 and 2		3	177.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5 <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-		5	177.
6 Credits/Payments			
a 2012 estimated tax pmts and 2011 overpayment credited to 2012	6 a		
b Exempt foreign organizations – tax withheld at source	6 b		
c Tax paid with application for extension of time to file (Form 8868)	6 c		
d Backup withholding erroneously withheld	6 d		
7 Total credits and payments. Add lines 6a through 6d	7		0.
8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	9		177.
10 <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	10		
11 Enter the amount of line 10 to be: <b>Credited to 2013 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	11		

**Part VII-A Statements Regarding Activities**

	Yes	No
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?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?		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		
c Did the foundation file <b>Form 1120-POL</b> for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation <input type="checkbox"/> \$ 0. (2) On foundation managers <input type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If 'Yes,' attach a detailed description of the activities		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		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		N/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If 'Yes,' attach the statement required by General Instruction T		X
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?		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	X	
8 a Enter the states to which the foundation reports or with which it is registered (see instructions) GA		
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	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If 'Yes,' complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses		X

BAA

Form 990-PF (2012)

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

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <u>N/A</u>	13	X	
14	The books are in care of <u>JUDGE CHARLES MERRITT</u> Telephone no. <u>706-343-6500</u> Located at <u>259 NORTH SECOND ST MADISON GA</u> ZIP + 4 <u>30650</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here <u>N/A</u> and enter the amount of tax-exempt interest received or accrued during the year <u>15</u> <u>N/A</u>			
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? See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If 'Yes,' enter the name of the foreign country <u></u>	16		X

**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.

	Yes	No
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	
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 <u></u>	1 b	N/A
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?	1 c	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)).		
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? If 'Yes,' list the years <u>20</u> <u></u> <u>20</u> <u></u> <u>20</u> <u></u> <u>20</u> <u></u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b Are there any years listed in 2a for which the foundation is <b>not</b> 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.)	2 b	N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. <u>20</u> <u></u> <u>20</u> <u></u> <u>20</u> <u></u> <u>20</u> <u></u>		
3 a 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	
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.)	3 b	N/A
4 a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a	X
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?	4 b	X

BAA

Form 990-PF (2012)

**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))?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☒ Yes ☐ No

(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)

☐ Yes ☒ No

(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**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)?

5b

X

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?N/A ☐ Yes ☐ No

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?☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

X

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

**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

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		
Total number of others receiving over \$50,000 for professional services		0

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

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

	Expenses
1 N/A	
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.	Amount
1 N/A	
2	
All other program-related investments. See instructions	
3	
Total. Add lines 1 through 3	0.

BAA

Form 990-PF (2012)



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

<b>1</b> Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b> Average monthly fair market value of securities	<b>1 a</b>	294,047.
<b>b</b> Average of monthly cash balances	<b>1 b</b>	6,265.
<b>c</b> Fair market value of all other assets (see instructions)	<b>1 c</b>	25,000.
<b>d Total</b> (add lines 1a, b, and c)	<b>1 d</b>	325,312.
<b>e</b> Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	<b>1 e</b>	0.
<b>2</b> Acquisition indebtedness applicable to line 1 assets	<b>2</b>	0.
<b>3</b> Subtract line 2 from line 1d	<b>3</b>	325,312.
<b>4</b> Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	4,880.
<b>5 Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	320,432.
<b>6 Minimum investment return.</b> Enter 5% of line 5	<b>6</b>	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.)

<b>1</b> Minimum investment return from Part X, line 6		<b>1</b>	16,022.
<b>2 a</b> Tax on investment income for 2012 from Part VI, line 5	<b>2 a</b>	177.	
<b>b</b> Income tax for 2012. (This does not include the tax from Part VI.)	<b>2 b</b>		
<b>c</b> Add lines 2a and 2b		<b>2 c</b>	177.
<b>3</b> Distributable amount before adjustments. Subtract line 2c from line 1		<b>3</b>	15,845.
<b>4</b> Recoveries of amounts treated as qualifying distributions		<b>4</b>	
<b>5</b> Add lines 3 and 4		<b>5</b>	15,845.
<b>6</b> Deduction from distributable amount (see instructions)		<b>6</b>	
<b>7 Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1		<b>7</b>	15,845.

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

<b>1</b> Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b> Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	<b>1 a</b>	18,847.
<b>b</b> Program-related investments — total from Part IX-B	<b>1 b</b>	
<b>2</b> Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	<b>2</b>	
<b>3</b> Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b> Suitability test (prior IRS approval required)	<b>3 a</b>	
<b>b</b> Cash distribution test (attach the required schedule)	<b>3 b</b>	
<b>4 Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	18,847.
<b>5</b> 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)	<b>5</b>	177.
<b>6 Adjusted qualifying distributions.</b> Subtract line 5 from line 4	<b>6</b>	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.

BAA

Form 990-PF (2012)

**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				
a Enter amount for 2011 only			15,586.	
b Total for prior years 20 __, 20 __, 20 __		0.		
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.				
a Applied to 2011, but not more than line 2a			15,586.	
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				

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

N/A

**1** a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2012, enter the date of the ruling ▶

**b** Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

**2** a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

Tax year	Prior 3 years			(e) Total
(a) 2012	(b) 2011	(c) 2010	(d) 2009	
<b>b</b> 85% of line 2a				
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed				
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities				
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c				
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:				
<b>a</b> 'Assets' alternative test — enter:				
<b>(1)</b> Value of all assets				
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)				
<b>b</b> 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed				
<b>c</b> 'Support' alternative test — enter:				
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)				
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)				
<b>(3)</b> Largest amount of support from an exempt organization				
<b>(4)</b> Gross investment income				

**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 Name and address (home or business)	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
<b>a</b> Paid during the year SEE STATEMENT 10				
<b>Total</b>			<b>3 a</b>	15,600.
<b>b</b> Approved for future payment				
<b>Total</b>			<b>3 b</b>	





Form **8868**

(Rev January 2013)

Department of the Treasury  
Internal Revenue Service**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No 1545-1709

▶ **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 extension 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**

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

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 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

<b>3a</b> 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.	<b>3a</b>	\$	177.
<b>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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	177.

**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)

FIFZ0501L 01/21/13

## 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.		\$ 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.		\$ 185.
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
OTHER SECURITIES			
RAYMOND JAMES PORTFOLIO MUTUAL FUNDS/EQU	MKT VAL	\$ 297,117.	\$ 297,117.
TOTAL		<u>\$ 297,117.</u>	<u>\$ 297,117.</u>



**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.		\$ 25,000.	\$ 25,000.
TOTAL	\$ 25,000.	\$ 0.	\$ 25,000.	\$ 25,000.

**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	\$ 29,391.

**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

	(E) GROSS	(F) DEPREC.	(G) COST	(H) GAIN	(I) FMV	(J) ADJ. BAS.	(K) EXCESS	(L) GAIN
ITEM	SALES	ALLOWED	BASIS	(LOSS)	12/31/69	12/31/69	(I) - (J)	(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.

## 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**

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
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 CROTTS 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.

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.
TOTAL				\$ <u>15,600.</u>

## BRASWELL FUND SCHOLARSHIP APPLICATION

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.

200 - 200

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\_\_\_\_\_

[illegible]

(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	Dates Attended		Degree	Date	Major	Academic Average
	From	To				

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.....\$ \_\_\_\_\_

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:

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.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Form **8868**

(Rev. January 2013)

Department of the Treasury  
Internal Revenue Service**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

► **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 extension 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**

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

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, 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 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

<b>3a</b> 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.	<b>3a</b>	\$	0.
<b>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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**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)

FIF20501L 01/21/13