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

OMB No 1545-0052

Department of the Treasury

▶ Do not enter Social Security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

For	calend	ar year 2013 or tax year beginning , a	and ending				
Nar	me of fou	ndation			A Emplo	yer identification number	
		FAMILY FOUNDATION				-7349796	
		street (or P O box number if mail is not delivered to street address)	Ro	om/suite		none number (see instructions 1 – 928 – 9080	)
		DRAWER 139 state or province, country, and ZIP or foreign postal code			23.	1-926-9060	
•		r CLEAR AL 36564-0	139		C If exen	nption application is pending,	check here
			n of a former public cha	antv	D 1. Fo	reign organizations, check her	re <b>&gt;</b> 🗍
		Final return Amended	•	•	2. Fo	reign organizations meeting th	ne
		Address change Name char	nae			% test, check here and attach	
ш. с	hook t	ype of organization X Section 501(c)(3) exempt private	<u> </u>		E if onva	ite foundation status was term	unated under
		74947(a)(1) nonexempt charitable trust Other taxable				n 507(b)(1)(A), check here	. ! 1
		ket value of all assets at  J Accounting method	X Cash Acc	nual	F If the f	oundation is in a 60-month ter	mination
	-	ear (from Part II, col. (c), Other (specify)				section 507(b)(1)(B), check he	
	ne 16) I		e on cash basis )				
	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	I			(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per books	(b) Net inv		(c) Adjusted net income	for chantable purposes
	<del></del>	the amounts in column (a) (see instructions) )		ļ	<del></del>	<del></del>	(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	456,578				
	2	Check ▶ ☐ If the foundation is not required to attach Sch B		<u> </u>		DECE	1 7
	3	Interest on savings and temporary cash investments	69		69	TEVE	
	4	Dividends and interest from securities	233,198	2	33,198	2	<u> </u>
	5a	Gross rents				ANY 14	2014 17
ē	b	Net rental income or (loss)	100 100	<u> </u>			[0]
Revenue	6a	Net gain or (loss) from sale of assets not on line 10 Stmt 1	180,162			- OGDE	N. UT
ě.	b	Gross sales price for all assets on line 6a 1,246,773					
Ř	7	Capital gain net income (from Part IV, line 2)			0		
	8	Net short-term capital gain				0	
4	9	Income modifications					
2014	10a	Gross sales less returns and allowances					
	b	Less Cost of goods sold					
<b>යා</b>	C	Gross profit or (loss) (attach schedule)					
_	11	Other income (attach schedule)	870,007	2	33,267	0	
<b>₩</b> —	12	Total. Add lines 1 through 11	65,949		32,975		32,974
~≥ S	13	Compensation of officers, directors, trustees, etc	05,343		32,313		52,513
ED enses	14	Other employee salaries and wages		-			
	15	Pension plans, employee benefits  Legal fees (attach schedule)		<del> </del>			
<b>≥</b> ŭ	16a	Accounting fees (attach schedule) Stmt 2	3,678				3,678
SCANNE rative Exp	C	Other professional fees (attach schedule)		† · · · · · ·			
	17	Interest		-			
etr.	18	Taxes (attach schedule) (see instructions) Stmt 3	2,194		2,194		<u> </u>
Ë	19	Depreciation (attach schedule) and depletion					1
Ē	20	Occupancy					
¥	21	Travel, conferences, and meetings					
ᄝ	22	Printing and publications					
g D	23	Other expenses (att sch)  Stmt 4	5,443				5,443
SCANNI Operating and Administrative Exp	24	Total operating and administrative expenses.					
Tat	1	Add lines 13 through 23	77,264		35,169		
þe	25	Contributions, gifts, grants paid	491,836		}		491,836
0	26	Total expenses and disbursements. Add lines 24 and 25	569,100		35,169	0	533,931
	27	Subtract line 26 from line 12		1			
	а	Excess of revenue over expenses and disbursements	300,907				
	Ь	Net investment income (if negative, enter -0-)		1	98,098		
	l c	Adjusted net income (if negative, enter -0-)		•	4	0	<u> </u>

	P) 41	Ralance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	year
-	Part II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
Т	1	Cash – non-interest-bearing			
	2	Savings and temporary cash investments	335,454	279,357	279,357
	3	Accounts receivable ▶	,,,,,,		
1		Less: allowance for doubtful accounts ▶			,
-1	4	Pledges receivable ▶			
1		Less allowance for doubtful accounts ▶			
- 1	5	Grants receivable			
-	6	Receivables due from officers, directors, trustees, and other			
İ		disqualified persons (attach schedule) (see			
-		instructions)		· · · · · · · · · · · · · · · · · · ·	
- 1	7	Other notes and loans receivable (att. schedule)		#	,
1		Less allowance for doubtful accounts ▶ 0			<del></del>
2	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
کّ	10a	Investments – U S and state government obligations (attach schedule) Stmt 5	3,117,134	3,262,536	3,310,696
ı	b	Investments – corporate stock (attach schedule)  See Stmt 6	2,607,560	2,737,612	4,578,934
	C	Investments – corporate bonds (attach schedule) See Stmt 7	2,712,635	2,794,184	2,886,187
	11	Investments – land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach sch.) ▶			
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule)			
	14	Land, buildings, and equipment basis ▶		İ	
		Less accumulated depreciation (attach sch.)			
		Other assets (describe ▶ )			
	16	Total assets (to be completed by all filers – see the	0 770 700	0 073 600	11 055 174
4		instructions. Also, see page 1, item l)	8,772,783	9,073,689	11,055,174
١	17	Accounts payable and accrued expenses			
S	18	Grants payable			
abilities	19	Deferred revenue			
pi	20	Loans from officers, directors, trustees, and other disqualified persons		· <del>····································</del>	
<u>=</u>	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe > )	0	0	
+	23	Total liabilities (add lines 17 through 22)	-		
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
ces	24	Unrestricted			
Net Assets or Fund Balanc	2 <del>4</del> 25	Temporarily restricted			
Ba	26	Permanently restricted			
2		Foundations that do not follow SFAS 117, check here			
2		and complete lines 27 through 31.			
히	27	Capital stock, trust principal, or current funds		_	
ets	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
SS	29	Retained earnings, accumulated income, endowment, or other funds	8,772,783	9,073,689	
7	30	Total net assets or fund balances (see instructions)	8,772,783	9,073,689	
ž	31	Total liabilities and net assets/fund balances (see			
		instructions)	8,772,783	9,073,689	
	Part II	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		<b></b>
	end-o	f-year figure reported on prior year's return)		1	8,772,783
2	Enter	amount from Part I, line 27a		2	300,907
3	Other	increases not included in line 2 (itemize) ▶		3	0.050.655
		nes 1, 2, and 3		4	9,073,690
5		eases not included in line 2 (itemize) See Statement 8		5	1 0 073 600
6	Total	net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b),	line 30		9,073,689

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Part IV Capital Gains	and Losses for Tax on Investme	nt Income	20 101010		tage v
(a) List and de	scribe the kind(s) of property sold (e.g., real estate, warehouse, or common stock, 200 shs MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date ad (mo , da)	
1a N/A					
b					
С					
<u>d</u>			ļ		
е			1		
(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis ense of sale		(h) Gain or (loss) (e) plus (f) minus (g)
a					
_b				<b></b>	
<u>C</u>	<u> </u>				
e e			<del></del>	<del> </del>	
<del></del>	g gain in column (h) and owned by the four	ndation on 12/31/69			0
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/59	(k) Exces	ss of col (i) I (j), if any	1	Gains (Col .(h) gain minus (k), but not less than -0-) or Losses (from col (h))
a					
b					<u></u>
С			·		
<u>d</u>			<del></del>		
<u>e</u>	<u> </u>	<u> </u>		<del></del>	
, ,	apital loss)  If gain, also enter in F  If (loss), enter -0- in F  ss) as defined in sections 1222(5) and (6) , column (c) (see instructions) If (loss), enter	Part I, line 7		2	
Part I, line 8		<u> </u>		3	
Part V. Qualification U	nder Section 4940(e) for Reduce	ed Tax on Net I	nvestment Inco	me ·	· · · · · · · · · · · · · · · · · · ·
(For optional use by domestic private	foundations subject to the section 4940(a)	tax on net investme	ent income )		
If section 4940(d)(2) applies, leave the	nis part blank				
	tion 4942 tax on the distributable amount of	f any year in the har	o porrod?		Yes X No
	lify under section 4940(e) Do not complete	• •	e penou-		
<del> </del>	each column for each year, see the instruct		any entries	<del></del>	
(a)	(b)	norts before making	(c)		(d)
Base penod years Calendar year (or tax year beginning ii	A divisional according to the business and a second according to the second ac	Net valu	ie of nonchantable-use asset	ts	Distribution ratio (col (b) divided by col (c))
2012		,926	9,452,	135	0.048447
2011		,511	8,915,		0.049296
2010		,861	8,291,		0.050518
2009		,667	7,386,		0.044767
2008		,793 <u> </u>	7,210,	719	0.049204
2 Total of line 1, column (d)				2	0.242232
-	5-year base period – divide the total on line has been in existence if less than 5 years	e 2 by 5, or by the		3	0.048446
4 Enter the net value of noncharita	ble-use assets for 2013 from Part X, line 5			4	10,263,188
5 Multiply line 4 by line 3				5	497,210
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)			6	1,981
7 Add lines 5 and 6				7	499,191
8 Enter qualifying distributions from	· ·			8	533,931
If line 8 is equal to or greater tha Part VI instructions	n line 7, check the box in Part VI, line 1b, a	nd complete that par	rt using a 1% tax rate	See the	

	1990-PF (2013) MAPP FAMILI FOUNDATION 13-7349796					age o
Pê	ort VII-A Statements Regarding Activities (continued)					
1	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
2	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			1		
	person had advisory privileges? If "Yes," attach statement (see instructions)			12		<u> </u>
3	Oid the foundation comply with the public inspection requirements for its annual returns and exemption application?  Website address THEMAPPFAMILYFOUNDATION . ORG			13	X	
4		nn 🕨	251-9	28-	908	0
•	6054 POINT CLEAR CIRCLE					•
		P+4 ▶	36564			
5	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	<b>▶</b>   1	15		•	
6	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority		<del></del>		Yes	No
_	over a bank, securities, or other financial account in a foreign country?			16		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					
Pa	int VII-B Statements Regarding Activities for Which Form 4720 May Be Required		*	<del>'*********</del>	********	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.				Yes	No
1a	During the year did the foundation (either directly or indirectly)				7	
		Yes	X No		ŧ	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		_	1	I	
	disqualified person?	Yes	X No		ı	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No		I	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No		I	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for				I	
		Yes	X No		Ī	
	(6) Agree to pay money or property to a government official? (Exception. Check "No" of the				I	
	foundation agreed to make a grant to or to employ the official for a penod after				ŧ	
	termination of government service, if terminating within 90 days )	Yes	X No		I	
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations				ŧ	
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here		▶ 📙		I	
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that				ŧ	
	were not corrected before the first day of the tax year beginning in 2013?		N/A	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private				I	
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))		-		I	
а	At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and				ł	
	6e, Part XIII) for tax year(s) beginning before 2013?	Yes	X No		ı	
	If "Yes," list the years ▶ 20 , 20 , 20 , 20				I	
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)				ŧ	
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		37/3		ŧ	
	all years listed, answer "No" and attach statement – see instructions )		N/A	2b	-	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here				ı	
_	<b>▶</b> 20 , 20 , 20 , 20				I	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		X No		I	
		Yes	X No		1	
b	If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or				I	
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the				Ī	
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of				I	
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the		N/A	26	ŧ	
•_	foundation had excess business holdings in 2013 )		M/M	3b	+	x
la b	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4a	.	
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		Ī	4b	ŧ	x
	chantable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2013?			4D	0 DE	

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		ng Activitles for Which Form	4720 May Be R	equired (conti	nued)	,	
5a [	Ouring the year did the foundation pay or	incur any amount to.		_			
(	<ol> <li>Carry on propaganda, or otherwise a</li> </ol>	ttempt to influence legislation (section	4945(e))?	$\Box$ .	Yes X No		1
(	<ol><li>Influence the outcome of any specific</li></ol>	public election (see section 4955), or	to carry on,	_			l
	directly or indirectly, any voter registr	ation drive?			Yes X No		
(3	3) Provide a grant to an individual for tra	evel, study, or other similar purposes?			Yes X No		.
(4	4) Provide a grant to an organization otl	ner than a charitable, etc., organization	described in			`	
	section 509(a)(1), (2), or (3), or section	on 4940(d)(2)? (see instructions)		Π,	Yes X No		Í
(	5) Provide for any purpose other than re	eligious, charitable, scientific, literary, o	educational	_			
	purposes, or for the prevention of cru	• • •		Π,	Yes X No	ĺ	
b If	any answer is "Yes" to 5a(1)-(5), did ar	•	er the exceptions des	cribed in			
	Regulations section 53 4945 or in a curre	· · ·			N/A	5b	I
	Organizations relying on a current notice	- ·			▶ 🗍		7
	the answer is "Yes" to question 5a(4), d	<del>-</del>					
	ecause it maintained expenditure respon	•		N/A 🗍	Yes No		
	"Yes," attach the statement required by	•		,			ı
	bid the foundation, during the year, recent		v nremiims				~~~ <b>~</b>
	n a personal benefit contract?	to be	., p.o	$\Box$	Yes X No		
	or a personal benefit contract? But the foundation, during the year, pay p	remiums directly or indirectly on a new	rennal henefit contract			6b	x
	"Yes" to 6b, file Form 8870	remains, directly or indirectly, on a per	Sonial Delicin Contract	<b>.</b> -		<del>  ~~  </del>	
	it any time during the tax year, was the f	aundation a party to a prohibited tay sh	oltor transaction?	$\Box$	res X No		
	"Yes," did the foundation receive any pr	• • •			N/A	7b	ŧ
Part		ficers, Directors, Trustees, F					
1.401.1	and Contractors	ncers, Directors, Trustees, r	ounuation mana	igers, riiginy i	aid Linploye	50,	
1 lis	t all officers, directors, trustees, four	edation managers and their compan	sation (see instructi				
	t all officers, affectors, a datees, rour	dation managers and their compen	Sation (occ motracti		(d) Contributions to	Г	
	(a) Name and	*******	(b) Title, and average hours per week	(c) Compensation (If not paid,	employee benefit	(e) Exp	oense account,
	(a) Name and a	address	devoted to position	enter -0-)	plans and deferred compensation	other	r allowances
	COORD EDVICE AT A		) CHINE		Somponius	-	
	CORP TRUST, N.A	LONG ISLAND CITY	AGENT	65,949	١.		,
	COURT SQUARE, 29TH FLOOR	NY 11120	0.00	65,949	<u> </u>	<del>                                     </del>	
	S E. MAPP	POINT CLEAR	CO-TRUSTEE	١ ,			,
<u>P.O.</u>	DRAWER 139	AL 36564-0139	1.00	0	0	<del> </del>	
			-			}	
		······································			<del></del>	<del> </del>	
				]	]		
							<del></del>
	compensation of five highest-paid em	ployees (other than those included	on line 1 – see instr	uctions). If none,	enter		
	NONE."		<del></del>	1		T	
			(b) Title, and average	4-1-0	(d) Contributions to employee benefit	(e) Exp	oense account,
	(a) Name and address of each employee p	aid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred	other	r allowances
				<del> </del>	compensation	<del> </del>	
NONE	<b>;</b>		ļ	l	}	ł	
			<del></del>	ļ.—————	<del> </del> -	<del> </del>	
					<u> </u>	<del>                                     </del>	
				ł			
			<u> </u>			<del> </del>	
						<u> </u>	
,				ł		1	
			<u> </u>	L	<u> </u>	<u> </u>	<del></del>
Total n	umber of other employees paid over \$50	0,000				<u> </u>	0
					F	om 99	0-PF (2013

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Part VIII Information About Officers, Directors, Trustees, Fou	ndation Managers, Highly Paid E	mployees,
and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (see ins	<del></del>	
(a) Name and address of each person paid more than \$50,000 NONE	(b) Type of service	(c) Compensation
NONE		
		-
Total number of others receiving over \$50,000 for professional services		_ ▶ 0
Part X-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information organizations and other beneficianes served, conferences convened, research papers produced, etc.	such as the number of	Expenses
1 N/A		
2		
3		
4		<del> </del>
•		
Part IX-B Summary of Program-Related Investments (see ins	tructions)	
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	<u> </u>	•

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign	foun	dations,
	see instructions )	• • • • • • • • • • • • • • • • • • • •	<del></del>
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	1a	10,271,378
b	Average of monthly cash balances	16	148,102
C	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	10,419,480
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		_
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	10,419,480
4	Cash deemed held for chantable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	156,292
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	10,263,188
6	Minimum investment return, Enter 5% of line 5	6	513,159
Pa	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating		
	foundations and certain foreign organizations check here		
1	Minimum investment return from Part X, line 6	1	513,159
2a	Tax on investment income for 2013 from Part VI, line 5		
b	Income tax for 2013 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	1,981
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	511,178
4	Recovenes of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	511,178
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	511,178
Pa	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish chantable, etc., purposes		·
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	533,931
b	Program-related investments – total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	533,931
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)	5	1,981
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	531,950
	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		

Form	990-PF (2013) MAPP FAMILY FOUNDATION		13-734979	96	Page <b>9</b>
Pa	rt XIII Undistributed Income (see instructions)				
		(a)	(b)	(c)	(d)
1	Distributable amount for 2013 from Part XI, line 7	Corpus	Years pnor to 2012	2012	<sup>2013</sup> 511,178
2	Undistributed income, if any, as of the end of 2013		,	,,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
а	Enter amount for 2012 only				
b	Total for prior years 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2013		,		
	From 2008 2,300	,	,		
b	From 2009	•			
c	From 2010 10,909		<i>'</i>		
d	From 2011	I			
_	From 2012	I			,
_	Total of lines 3a through e	13,209		,	
4	Qualifying distributions for 2013 from Part XII,				
7	line 4				
2	Applied to 2012, but not more than line 2a				
	Applied to undistributed income of prior years				
	(Election required – see instructions)				
_	Treated as distributions out of corpus (Election		***************************************		
·	required – see instructions)				
a	Applied to 2013 distributable amount				511,178
	Remaining amount distributed out of corpus	22,753			
	Excess distributions carryover applied to 2013				
5	(If an amount appears in column (d), the same	7			
	amount must be shown in column (a) )	I			
6	Enter the net total of each column as	I			
o	indicated below:				<u> </u>
_	Corpus Add lines 3f, 4c, and 4e Subtract line 5	35,962			
	Prior years' undistributed income Subtract				
D	line 4b from line 2b				
_	Enter the amount of pnor years' undistributed				
C	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
_	Subtract line 6c from line 6b Taxable				
u	amount – see instructions				
_	Undistributed income for 2012 Subtract line				
e	4a from line 2a Taxable amount – see				
	Instructions		ļ		
	Undistributed income for 2013 Subtract lines				1
'	4d and 5 from line 1 This amount must be				
	distributed in 2014				0
7	Amounts treated as distributions out of corpus				1
,	to satisfy requirements imposed by section				1
	170(b)(1)(F) or 4942(g)(3) (see instructions)				
8	Excess distributions carryover from 2008 not		}		
U	applied on line 5 or line 7 (see instructions)	2,300	1		<u> </u>
9	Excess distributions carryover to 2014.		(		1
3	Subtract lines 7 and 8 from line 6a	33,662	ì		
10	Analysis of line 9		}		1
ıv a	Excess from 2009		Ç		1 .
a b	Excess from 2010 10,909	1	;		
C	Excess from 2011	1	}		
d	Excess from 2012				
u e	Excess from 2013 22,753	1			, ,
	ENOUGH HOITI ZOTO	<u></u>			Form 990-PF (2013)

	art XIV Private Operating For		structions and Pa	rt VII-A guestion 9	)	1 age 1		
					<u></u>	· · · · · · · · · · · · · · · · · · ·		
	a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2013, enter the date of the ruling							
ь	Check box to indicate whether the foundation		_	ad in addition 1	942(j)(3) or 4942	2/:\/E\		
2a			Ing loungation describ		942(J)(3) 01   4944	2(j)(5) 		
20	Enter the lesser of the adjusted net	Tax year	45) 2042	Prior 3 years	(4) 2010	(e) Total		
	Income from Part I or the minimum	(a) 2013	(b) 2012	(c) 2011	(d) 2010			
	investment return from Part X for							
	each year listed			<del></del>				
b	85% of line 2a			<del></del>	<del> </del>			
С	Qualifying distributions from Part XII,							
	line 4 for each year listed			<del>                                     </del>				
d	Amounts included in line 2c not used directly							
	for active conduct of exempt activities	ļ	-	<u> </u>				
е	Qualifying distributions made directly							
	for active conduct of exempt activities				]			
	Subtract line 2d from line 2c	- <u></u>		<u> </u>		<del> </del>		
3	Complete 3a, b, or c for the		l					
	alternative test relied upon							
а	"Assets" alternative test – enter		]					
	(1) Value of all assets							
	(2) Value of assets qualifying under		ł		1			
	section 4942(j)(3)(B)(i)							
þ	"Endowment" alternative test - enter 2/3							
	of minimum investment return shown in							
	Part X, line 6 for each year listed							
C	"Support" alternative test – enter							
	(1) Total support other than gross							
	investment income (interest,							
	dividends, rents, payments on				1			
	securities loans (section							
	512(a)(5)), or royalties)			<del></del>	<del> </del>			
	(2) Support from general public and 5 or more exempt							
	organizations as provided in		1					
	section 4942(j)(3)(B)(iii)							
	(3) Largest amount of support from							
	an exempt organization							
	(4) Gross investment income							
Pa	rt XV Supplementary Inform	nation (Complete	this part only if	the foundation ha	d \$5,000 or more	in assets at		
	any time during the ye	ear – see instruc	tions.)					
1	Information Regarding Foundation Ma	nagers:	-					
а	List any managers of the foundation who	have contributed more	than 2% of the total co	ontributions received by	the foundation			
	before the close of any tax year (but only	if they have contributed	I more than \$5,000) (	See section 507(d)(2))				
	N/A							
b	List any managers of the foundation who	own 10% or more of th	e stock of a corporatio	n (or an equally large po	ortion of the			
	ownership of a partnership or other entity) of which the foundation has a 10% or greater interest							
	NONE							
2	Information Regarding Contribution, G	Frant, Gift, Loan, Sch	olarship, etc., Progra	ims:				
	Check here ▶ ☐ If the foundation only	makes contributions to	preselected charitable	le organizations and doe	es not accept			
	unsolicited requests for funds. If the found	lation makes gifts, grar	nts, etc (see instructio	ns) to individuals or orga	anizations under			
	other conditions, complete items 2a, b, c,	and d						
а	The name, address, and telephone numb			pplications should be ad	ddressed			
	MAPP FAMILY FOUNDATI	ON 251-928-	-9080					
	P.O. DRAWER 139 POIN	T CLEAR AL	36564-0139					
b	The form in which applications should be	submitted and information	ion and materials they	should include				
	APPLICATIONS AVAILAB							
С	Any submission deadlines							
	NONE							
d	Any restrictions or limitations on awards, s	such as by geographic	al areas, chantable fiel	ds, kinds of institutions,	or other			
	factors							
	See Statement 10	- <u></u> -			··-			

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment if recipient is an individual, Recipient Purpose of grant or show any relationship to status of Amount contribution any foundation manager recipient Name and address (home or business) or substantial contributor Paid during the year SEE SCHEDULE ATTACHED 491,836 491,836 ▶ 3a Total Approved for future payment N/A 3b Total

Part XVI-A		tivities					
Enter gross amounts unless otherwise indicated		Unrelat	ed business income	Excluded	by section 512, 513, or 514	(0)	
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income	
1 Program ser	vice revenue					(See instructions )	
a				_			
ь			<b> </b>				
c			ļ				
		-	<u> </u>				
e	····	_					
' <del></del>							
	d contracts from government agencies						
	dues and assessments	<del></del>	<del> </del>	1 1 1		<del></del>	
	avings and temporary cash investments		<del></del>	14	69		
	nd interest from securities			14	233,198		
	come.or (loss).from real estate.			<del></del>			
	anced property			+			
	-financed property			+			
7 Other invest	come or (loss) from personal property			<del>-  </del>		<del> </del>	
				14	180,162	0	
	r) from sales of assets other than inventory	<del> </del>	<del></del>	+	180,162		
	or (loss) from special events or (loss) from sales of inventory	<del> </del>	<u> </u>	<del></del>	<del></del>		
		<del></del>	<del> </del>	<del> </del>	<del></del>		
h	ue a		<del></del>	1		·	
				<del>-  </del>			
				+			
e		-		1		<del></del>	
	d columns (b), (d), and (e)			ol	413,429	0	
	ne 12, columns (b), (d), and (e)	<u> </u>	<del></del>	<u></u>	13	413,429	
	n line 13 instructions to venfy calculations )						
Part XVI-B	Relationship of Activities to the A	ccomplishm	ent of Exempt P	urposes			
Line No. ▼	Explain below how each activity for which income accomplishment of the foundation's exempt purpo					, ————————————————————————————————————	
N/A		<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>			· · · · · · · · · · · · · · · · · ·	
			<del></del>				
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				<del></del>			
			- <u></u>		<del></del>		
,							
				<del></del>			

ran		Exempt Organiz	_	ansters to an	g i ransactioi	is and Relation	nsnips with Nonc	naritable		
1 D		nization directly or ind		un any of the follow	wing with any oth	er organization desc	cobed		Yes	No
		1(c) of the Code (other			=	=		Į.		
	ganization				,	,				
a Tr	ansfers fro	om the reporting found	lation to a nor	nchantable exempt	organization of					
	) Cash	· -		•				1a(1)		X
(2	) Other as	ssets						1a(2)		X
<b>b</b> O	ther transa	ictions								
(1	) Sales of	assets to a nonchant	able exempt o	organization				1b(1)		<u> </u>
(2	) Purchas	es of assets from a n	onchantable e	xempt organization	n			1b(2)		X
(3	) Rental o	f facilities, equipment	or other asse	ets				1b(3)		X
(4	) Reimbui	rsement arrangement	5					15(4)		X
(5	) Loans o	r loan guarantees						1b(5)		X
(6	) Perform	ance of services or m	embership or	fundraising solicita	itions			1b(6)		X
	-	icilities, equipment, m	-				- 2	1c		X
		r to any of the above i		-						
		=	•				ed less than fair market			
							ts, or services received			
	ine no	(b) Amount involved	(c) Nam	e of nonchantable exem	pt organization	(d) Descrip	otion of transfers, transactions, a	and sharing arrangement	ıt8	
N/A			<del> </del>	<del></del>		<del></del>	<del></del>			
			<del> </del> -	<del></del>		···				
		<del></del>	<del></del>	<del></del>						
			+							
			<del>                                     </del>			<del></del>	<del> </del>	·		
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			<del> </del>	<del></del> -	<del> </del>					
			1	·						
				· · · · · · · · · · · · · · · · · · ·						
			1							
de	scnbed in Yes," com	ation directly or indirect section 501(c) of the iplete the following sci	Code (other th	nan section 501(c)	(3)) or in section (				es X	No
N/		a) Name of organization		(b) Type of o	organization	<del></del>	(c) Description of relation	znsnip		
14/	Δ				·	<del></del> -				
			<del></del>		<del></del>	<del></del>	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
		*	·	<del></del>	<u> </u>	-				
		<del></del>								
~ - T							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  May the IRS discuss this return							$\neg$			
Sign with the preparer shown below							¬			
lere			1//				(Se	ee instructions)?	Yes	No
	<b>.</b>	Love	MAr	> A	0	5/4/14			_	
Signatura of officer or trustee Date Title										
	Pnnt/Typ	pe preparer's name			Preparer's signature	9	^	Date	Check	ır
aid	1				10.1/	n 1/- 1	()		self-emp	ployed
aid renare:	J. KE	NNETH HANAK		<del> </del>	grame	an Mara		05/01/14		
repare	I Firm's na				<u> </u>		PTIN	P00312		
SE OIII	Firm's ac		Box 95				Firm's EIN			
		Daph	ne, AL	36526-09	952		Phone no	251-62		
								OC		10040

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

### **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

**Employer identification number** 

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

MAPP FAMILY I	FOUNDATION	13~7349796				
Organization type (check one).						
Filers of:	Section:					
Form 990 or 990-EZ	501(c)( ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt chantable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Note. Only a section 501(c)(instructions  General Rule	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule Se filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money o					
	ne contributor Complete Parts I and II					
Special Rules						
under sections 509(	(3) organization filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> % support test of the regulations a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contributio ,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 d II	n of				
during the year, tota	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, I contributions of more than \$1,000 for use exclusively for religious, chantable, scientific, literaroses, or the prevention of cruelty to children or animals. Complete Parts I, II, and III					
during the year, con not total to more tha year for an exclusive	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, tributions for use exclusively for religious, chantable, etc., purposes, but these contributions did in \$1,000. If this box is checked, enter here the total contributions that were received during the ely religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rulization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or r.	e ule				
990-EZ, or 990-PF), but it <b>m</b>	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form ust answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990)	EZ or on its				

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

MAPP FAMILY FOUNDATION

Employer Identification number 13-7349796

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MARY E. F. MAPP CLAT P.O. DRAWER 139  POINT CLEAR  AL 36564-0139	s 456,578	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
·		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

3892 MAPP FAMILY FOUNDATION 13-7349796 FYE: 12/31/2013		Federal Statements	tements		Ω	5/1/2014 11:08 AM	· ' ' '
State	ment 1 -	Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets	t I, Line 6a - Sal	e of Assets			T
Description		How Received					
۾	Date Sold	Sale Price	Cost	Expense	Depreciation	Net Gain / Loss	
Attached	   	Purchase 63,291 \$	47,196 \$		w.	\$ 16,095	
		Purchase 400,507	331,425	-		69,082	
		Purchase 299,817	299,790			27	
Schedule Attached	1	Purchase 483,158	388,200			94,958	
Total	\ \shi	1,246,773 \$	1,066,611 \$		\$ 0	0 \$ 180,162	
Statement 2 Description	ient 2 - Fc	- Form 990-PF, Part I, Total	I, Line 16b - Accounting Fees Net Investment	ounting Fee	ees Adjusted Net	Charitable Purpose	
Accounting Fees Total	w w	3,678	0 \$	w w	0	3,678	
	Statement 3	1	Form 990-PF, Part I, Line 18	- Taxes			
Description		Total	Net Investment	Ä	Adjusted Net	Charitable Purpose	
Taxes - Foreign Taxes on Dividen	ς»	153	\$ 153	w.	<b>S</b>		
ľot	<b>ω</b>	-1 -1	.  -	y,	0	0	
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3892 MAPP FAMILY FOUNDATION

		**	·Λ	725 2,250 2,288 180	0 \$ 5,443	estments	s of Fair Market Value	\$ 911,018 2,399,678 \$ 3,310,696	ents	s of Fair Market  Value  \$ 4,578,934	\$ 4,578,934
	ses	Adjusted Net	-			ent Inv	Basis of Valuation	Cost	vestm	Basis of Valuation	
ements	- Form 990-PF, Part I, Line 23 - Other Expenses	Net Investment	<b></b>		φ 0	Part II, Line 10a - US and State Government Investments	End of Year	\$ 862,866 2,399,670 \$ 3,262,536	0-PF, Part II, Line 10b - Corporate Stock Investments	End of Year \$ 2,737,612	\$ 2,737,612
Federal Statements	. 4 - Form 990-PF, Part l	Total	ง ง	725 2,250 2,288 180	\$ 5,443	1 1	Beginning of Year	\$ 918,576 2,198,558 \$ 3,117,134	m 990-PF, Part II, Line 1	Beginning of Year	\$ 2,607,560
13-7349796 FYE: 12/31/2013	Statement 4	Description	Expenses	Dues & Subscriptions Insurance Miscellaneous Website Expense		Statement 5 - Form 990-PF,	Description	U.S. Treasury Bonds & Notes U.S. Treasury Bills Total	Statement 6 - Form 99	Description Common Equity Securities	Total

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Federal Statements

3892 MAPP FAMILY FOUNDATION 13-7349796 FYE: 12/31/2013

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
Corporate Bonds	\$ 2,712,635	\$ 2,794,184	Cost	\$ 2,886,187
Total	\$ 2,712,635	\$ 2,794,184		\$ 2,886,187

3892 MAPP FAMILY FOUNDATION

13-7349796

### **Federal Statements**

FYE: 12/31/2013

Statement 8 - Form 990-PF, Part III, Line 5 - Other Decreases

Description	Amou	unt
Rounding	\$	1
Total	\$	1

5/1/2014 9:19 AM

5/1/2014 9:19 AM	•
	Federal Statements
VION	

3892 MAPP FAMILY FOUNDAT 13-7349796 FYE: 12/31/2013

Statement 9 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributors

Name

Address

City, State, Zip

MARY E. F. MAPP CLAT

P.O. DRAWER 139

POINT CLEAR AL 36564-0139

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3892 MAPP FAMILY FOUNDATION

13-7349796

### **Federal Statements**

5/1/2014 9:19 AM

FYE: 12/31/2013

Form 990-PF, Part XV, Line 1b - Managers	Who Own 10% or More Stock
--	---------------------------

	Name of Manager	Amount
NONE		\$
Total		\$0
Form	n 990-PF, Part XV, Line 2b - Applicatio	n Format and Required Contents
	Description	
APPLICATIONS	AVAILABLE UPON REQUEST	
	Form 990-PF, Part XV, Line 2c -	Submission Deadlines
	Description	
NONE		

### Statement 10 - Form 990-PF, Part XV, Line 20 - Award Restrictions or Limitations

### Description

LIMITED TO ORGANIZATIONS GRANTED 501(C)(3) TAX EXEMPT STATUS OF THE IRS CODE AND ARE CLASSIFIED AS "NOT A PRIVATE FOUNDATION" AS DEFINED UNDER SECTION 509(A) OF THE INTERNAL REVENUE CODE. THE FOUNDATION ALSO PLANS TO MAKE GRANTS TO GOVERNMENTAL AGENCIES.

Payer's Name and Address:
CITICORP TRUST DELAWARE, NA
C/O CITI TRUST
ONE COURT SQUARE, 19TH FLOOR
LONG ISLAND CITY, NY 11120

Account Number: 558055281109
Recipient's Tax ID Number: 13-7349796
Payer's Federal ID Number: 13-3222685
Payer's State ID Number: AL
State: AL

Page 8 of 32
Recipient's Name and Address:
MAPP FAMILY FOUNDATION
HANAK & WELLS PC
ATTN: J KENNETH HANAK, CPA PO BOX 952
DAPHNE, AL 36526-0952

# 2013 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No. 1545-0715

Reported to the IRS is Sales Price of stocks, bonds etc., less commissions and option premiums. Covered (Box 6a is not checked)

A Midlenov	To a section of the s	, Vstockopolinensvim					
Coventity Sold	Date of Esterof Sale of Acquirtifon	in signicia Sicola Sicola	SOUN BESTELL	Wash Sale Wash Sale	Nethoritor	regevali ni Ilnoomer Withheld	State (1907) (Mithibald)
(Box 1e)	(Box 1a) (Box 1b)	(Box 2a)	(Box 3)	(Box 5)		(Box 4)	(Box 15)
Short Term Seles 21036P108	Short Term Seles Reported on 1039-B 21036P108 CONSTELLATION BRANDS INC	STZ					
800.0000	05/14/2013 09/19/2012	39,520.15	26,616.00	000	12,904.15	00 0	00.00
67073Y106	NV ENERGY INC	NVE					
1000.0000	08/07/2013 05/14/2013	23,770.38	20,580.00	00.0	3,190.38	00.0	0.00
Total Short Term	Total Short Term Salas Reported on 1099-8	63,290.53	47,196.00	0.00	16,094.53	0.00	0.00
Report on Form	Report on Form 8949, Part I, with Box A checked						
Long Term Sales 00287Y109	Long Term Sales Reported on 1089-B 00287Y109 ABBVIE INC	ABBV					
500.0000	05/14/2013 02/16/2011	22,506.50	12,137.41.	0.00	10,369.09	0.00	0.00
18683K101	CLIFFS NATURAL RESOURCES INC COM	CLF					
150.0000	05/14/2013 02/16/2011	3,369.02	13,857.00	0.00	-10,487.98	0.00	0.00
369550108	GENERAL DYNAMICS CORP	GD					
450.0000	05/14/2013 10/26/2011	34,269.25	28,790,78	00'0	5,478.47	0.00	0.00
539830109	LOCKHEED MARTIN CORP	LMT					
800.0000	05/14/2013 Various	81,745.21	64,645.00	0.00	17,100.21	0.00	0.00

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Payer's Name and Address:
CITICORP TRUST DELAWARE, NA
C/O CITI TRUST
ONE COURT SQUARE, 19TH FLOOR
LONG ISLAND CITY, NY 11120

Account Number: 558055281109
Recipient's Tax ID Number: 13-7349796
Payer's Federal ID Number: 13-3222685
Payer's State ID Number: AL

Corrected AL

Reported to the IRS is Sales Price of stocks, bonds etc., less commissions and option premiums. Covered (Box 6a is not checked)

Consideration of	Description (Fox 9)	Cash Stockforderflerisyn					
	district the second sec						
	Salajor Eschalases Rogulatiign	Spoker Southfile		W/Ash Balle sesBisellowate		Moome Withheld	
(Box 1e) 61945C103	(Box 1s) (Box 1b) MOSAIC CO NEW	(Box 28) MOS	(Box 3)	(Box 5)		(Box 4)	(Box 15)
300.0000	05/14/2013 10/26/2011	18,483.58	17,372.01	00'0	1,111.57	0.00	0.00
751212101	RALPH LAUREN CORP	RL					
150.0000	05/14/2013 05/02/2012	27,591.88	26,415 09	00'0	1,176.79	0.00	0.00
871503108	SYMANTEC CORP	SYMC					
1500.0000	05/14/2013 06/21/2011	36,599.18	28,560.00	00.00	8,039.18	0.00	0.00
966837106	WHOLE FOODS MKT INC	WFMI					
300.0000	05/14/2013 06/21/2011	30,409.33	18,078.00	00.0	12,331.33	0.00	0.00
002824100	ABBOTT LABS	ABT					
500.0000	08/07/2013 02/16/2011	17,981.69	11,192.59	0.00	6,789.10	0.00	0.00
205887102	CONAGRAINC	CAG					
800.0000	08/07/2013 03/01/2012	29,383.49	20,871.52	00.0	8,511.97	0.00	00.00
444859102	HUMANA INC	MOH					
250.0000	12/05/2013 03/01/2012	25,537.05	21,838.10	00.00	3,698.95	0.00	00.0
458140100	INTEL CORP	INTC			•		
1200.0000	12/05/2013 06/21/2011	28,959.57	25,896.00	00 0	3,063.57	0.00	0.00
718172109	PHILIP MORRIS INTL INC	₽.					
300.000	12/05/2013 05/02/2012	25,656,08	27,131.49	0.00	-1,475.43	00.0	0.00

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ONE COURT SQUARE, 19TH FLOOR LONG ISLAND CITY, NY 11120 CITICORP TRUST DELAWARE, NA Payer's Name and Address: C/O CITI TRUST

2nd TIN notice 55B055281109 13-7349796 13-3222685 A Account Number: Recipient's Tax ID Number: Payer's Federal ID Number: Payer's State ID Number: Corrected State:

Page 10 of 32 Ref: 39 ATTN: J KENNETH HANAK, CPA PO BOX 952 DAPHNE, AL 36526-0952 Recipient's Name and Address: MAPP FAMILY FOUNDATION HANAK & WELLS PC

Reported to the IRS is Sales Price of stocks, bonds etc., less commissions and option premiums. Covered (Box 6a is not checked)

Society (Society)	Description (Gov. 5)  Potenti Selve or  Exercise Acrost Hillon	s jost outoffialism Storic	nboli (leskala) Contollar	WATINSTONE		Forest Angel	Signal Signal Minigle
<i>(Box 1e)</i> 871503108	(Box 18) (Box 1b) SYMANTEC CORP	<i>(Box 2a)</i> SYMC	(Box 3)	(Box 5)		(Box 4)	(Box 15)
800.0000	12/05/2013 02/07/2011	18,015,68	14,640.00	0.00	3,375.68	00 0	0.00
Total Long Term	Total Long Term Sales Reported on 1099-8	400,507.49	331,424.99	0.00	69,082.50	0.00	0.00
Benort on Form	Banott on Form 8949 Part II with Box D chacked						

Report on Form 8949, Part II, With Box D checked

This is important tax information and is being furnished to the internal Revenue Service (except as indicated). If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. The taxpayer is ultimately responsible for the accuracy of their own tax return.

Page 11 of 32 Ref: 39

Recipient's Name and Address:

count Number:	55B055281109
siplent's Tax ID Number:	13-7349796
ver's Federal ID Number:	13-3222685
/er's State ID Number:	
te:	ΑΓ

ATTN: J KENNETH HANAK, CPA PO BOX 952 MAPP FAMILY FOUNDATION DAPHNE, AL 36526-0952 HANAK & WELLS PC 2nd TIN notice Corrected Accc Reci Paye Paye Stat

# 2013 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

ONE COURT SQUARE, 19TH FLOOR LONG ISLAND CITY, NY 11120

CITICORP TRUST DELAWARE, NA

C/O CITI TRUST

Payer's Name and Address:

OMB No. 1545-0715

For noncovered securities (Box 6a is checked) shown on this statement, cost basis information including wash sale disallowed loss is not being reported to the IRS. Reported to the IRS is Sales Price of stocks, bonds, etc., less commissions and option premiums.

(Roy 1e)	Edistry:  Exchange  (Remusifion 1.1)	(BOY 24)		ei Disallowedry		Withheld with	Withheld (Box 15)
Short Term Sales 9127957H8	Short Term Sales Reported on 1099-8 9127957H8 U S TREAS BILLS 2/28/13	22813					
200000.0000 912795687	01/31/2013 08/27/2012 USTREAS BILLS 5/30/13	199,875.31	199,858.95	0.00	16.36	000	0.00
100000.0000	04/26/2013 11/29/2012	99,941.37	99,931.12	00.0	10.25	0.00	0.00
Total Short Term	Total Short Term Sales Reported on 1099-B	299,816.68	299,790.07	0.00	26.61	0.00	0.00
Report on Forn	Report on form 8949, Part I, with Box B checked						
Long Term Sales 31395JKR6	Long Term Sales Reported on 1099-B 31395JKR6 FHLMC REMIC SERIES 4.5000% 08/15/19	FRS4519					
1236.2900	01/15/2013 05/14/2009	1,236.29	1,282.07	00.00	-45.78	0.00	0.00
3136A0RP4	FNMA REM 2011-81 JG 3.500% 11/25/29	FRT3529					
6342.6300	01/25/2013 09/27/2011	6,342,63	6,671.65	0.00	-329.02	0.00	0.00
31395JKR6	FHLMC REMIC SERIES 4.5000% 08/15/19	FRS4519					
1035.7300	02/15/2013 05/14/2009	1.035.73	1.074 08	0.00	-38.35	00.0	000

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2nd TIN notice 55B055281109 13-7349796 13-3222685 A Account Number: Recipient's Tax ID Number: Payer's Federal ID Number: Payer's State ID Number: Corrected State:

Page 12 of 32 ATTN: J KENNETH HANAK, CPA PO BOX 952 DAPHNE, AL 36526-0952 Recipient's Name and Address: MAPP FAMILY FOUNDATION HANAK & WELLS PC

Ref: 39

For noncovered securities (Box 6a is checked) shown on this statement, cost basis information including wash sale disallowed loss is not being reported to the IRS.

ONE COURT SQUARE, 19TH FLOOR

LONG ISLAND CITY, NY 11120

CITICORP TRUST DELAWARE, NA

C/O CITI TRUST

Payer's Name and Address:

Greffs Suppression	Obredation (Eques)	Free Stock or other Sv.	1941 (1988) (1987) 14 (1988) (1987) 17 (1988) (1988) (1988) (1988) (1988) (1988) (1988) (1988) (1988) (1988) (1988) (1988) (1988)			Traderales	
( <i>Box 1e)</i> 3136A0RP4	(Box 1a) FNMA REM 2011-81 JG 3 500% 11/25/29	<i>(Box 2a)</i> FRT3529				(Box 4)	(Box 15)
5697.3800	02/25/2013 09/27/2011	5,697.38	5,992.93	0.00	-295.55	0.00	0.00
617446HR3	MORGAN STANLEY 5.300% 3/01/13	MS55313					
120000.0000	03/01/2013 Various	120,000.00	121,249.20	0.00	-1,249.20	0.00	0.00
31395JKR6	FHLMC REMIC SERIES 4.5000% 08/15/19	FRS4519					
1098.2100	03/15/2013 05/14/2009	1,098.21	1,138.88	0.00	-40.67	0.00	0.00
3136A0RP4	FNMA REM 2011-81 JG 3.500% 11/25/29	FRT3529					
4716.2900	03/25/2013 09/27/2011	4,716.29	4,960.95	0.00	-244.66	00 0	0.00
31395JKR6	FHLMC REMIC SERIES 4.5000% 08/15/19	FRS4519					
1176.7400	04/15/2013 05/14/2009	1,176.74	1,220.32	0.00	-43.58	0.00	0.00
3136A0RP4	FNMA REM 2011-81 JG 3.500% 11/25/29	FRT3529					
4521.2100	04/25/2013 09/27/2011	4,521.21	4,755.75	0.00	-234.54	0.00	0.00
03073E105	AMERISOURCEBERGEN CORP	ABC					
300.000	05/14/2013 05/07/2009	16,418.63	5,445.15	0.00	10,973.48	0.00	0.00
112900105	BROOKFIELD OFFICE PROPERTIES INC	вРО					
2000.0000	05/14/2013 Various	38,039.16	12,928.70	0.00	25,110 44	0.00	0.00
18683K101	CLIFFS NATURAL RESOURCES INC COM	CLF					
275.0000	05/14/2013 05/28/2010	6,176.53	15,310.68	0.00	-9,134.15	0.00	0.00
59156R108	METLIFE INC	MET					
700.0000	05/14/2013 11/18/2009	29,456.32	24,465.00	0.00	4,991.32	00'0	0.00

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Page 13 of 32 Ref: 39

Account Number:	55B055281109	Reciplent's Name and Address:	Ref:
Recipient's Tax ID Number:	13-7349796	MAPP FAMILY FOUNDATION	
Payer's Federal ID Number:	13-3222685	HANAK & WELLS PC	
Payer's State ID Number:		ATTN: J KENNETH HANAK, CPA PO BOX 952	952
State:	AL	DAPHNE, AL 36526-0952	
Corrected	2nd TIN notice		

For noncovered securities (Box 6a is checked) shown on this statement, cost basis information including wash saie disallowed loss is not being reported to the IRS.

ONE COURT SQUARE, 19TH FLOOR LONG ISLAND CITY, NY 11120

Payer's Name and Address: CITICORP TRUST DELAWARE, NA

C/O CITI TRUST

Vincentify (Our mility	Sale of Location of the Sale of Sale o	Mer Economic viscos Bondanes of Control	POST SERVICE BENEFIT OF THE PROPERTY OF THE PR	PER PROPERTY OF THE PERSON	のはないのでしていませんがある	が行っていていたこと	
(Box 1e) 31395JKR6	(Box 18) FHLMC REMIC SERIES 4.5000% 08/15/19	(Box 2a) FRS4519				onationalismes (Box 4)	(Box 15)
1058.3700	05/15/2013 05/14/2009	1,058.37	1,097.56	00.0	-39.19	00 0	0.00
3136A0RP4	FNMA REM 2011-81 JG 3.500% 11/25/29	FRT3529				,	
3716.2200	05/25/2013 09/27/2011	3,716.22	00.606'8	0.00	-192.78	0.00	0.00
31395JKR6	FHLMC REMIC SERIES 4.5000% 08/15/19	FRS4519					
941.9800	06/15/2013 05/14/2009	941.98	976.86	0.00	-34.88	0.00	0.00
3136A0RP4	FNMA REM 2011-81 JG 3.500% 11/25/29	FRT3529					
4238.7200	06/25/2013 09/27/2011	4,238.72	4,458.60	00.0	-219.88	0.00	0.00
31395JKR6	FHLMC REMIC SERIES 4.5000% 08/15/19	FRS4519					
892.5000	07/15/2013 05/14/2009	892.50	925,55	00'0	-33.05	0.00	0.00
3136A0RP4	FNMA REM 2011-81 JG 3.500% 11/25/29	FRT3529					
4162.6200	07/25/2013 09/27/2011	4,162 62	4,378.56	0.00	-215 94	00 0	0.00
112900105	BROOKFIELD OFFICE PROPERTIES INC	вРО					
1400.0000	08/07/2013 Various	23,394.57	8,286.72	00'0	15,107.85	0.00	0.00
20030N101	COMCAST CORP NEW CL A	CMCSA					
350.0000	08/07/2013 05/13/2009	15,837.73	5,319,83	0.00	10,317.90	0.00	0.00
205887102	CONAGRAINC	CAG					_
700.0000	08/07/2013 05/14/2009	25,710.55	12,418.00	000	13,292.55	0.00	0.00
31395JKR6	FHLMC REMIC SERIES 4.5000% 08/15/19	FRS4519					
868.3900	08/15/2013 05/14/2009	868,39	900.55	0.00	-32.16	00'0	0.00

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Page 14 of 32 Ref: 39

HANAK & WELLS PC ATTN: J KENNETH HANAK, CPA PO BOX 952

**DAPHNE, AL 36526-0952** 

Recipient's Name and Address: MAPP FAMILY FOUNDATION 2nd TIN notice 558055281109 13-7349796 13-3222685 A Reciplent's Tax ID Number: Payer's Federal ID Number: Payer's State ID Number: Account Number: Corrected State:

For noncovered securities (Box 6a is checked) shown on this statement, cost basis information including wash sale disallowed loss is not being reported to the IRS.

ONE COURT SQUARE, 19TH FLOOR LONG ISLAND CITY, NY 11120

CITICORP TRUST DELAWARE, NA

C/O CITI TRUST

Payer's Name and Address:

- 2010 com	ないというないというできないというできないというできないというできないというできないというできないというできないというというできないというというというというというというというというというというというと						
( <i>Box 1e)</i> 3136A0RP4	(Box 1a) FNMA REM 2011-81 JG 3.500% 11/25/29	<i>(Box 2a)</i> FRT3529				(Box 4)	(Box 15)
2900.4200	08/25/2013 09/27/2011	2,900.42	3,050.88	0.00	-150.46	0 00	0.00
31395JKR6	FHLMC REMIC SERIES 4.5000% 08/15/19	FRS4519					
843.5000	09/15/2013 05/14/2009	843.50	874.74	00'0	-31.24	00 0	00.0
3136A0RP4	FNMA REM 2011-81 JG 3.500% 11/25/29	FRT3529					
1834.6000	09/25/2013 09/27/2011	1,834.60	1,929.77	0.00	-95.17	00 0	00.00
31395JKR6	FHLMC REMIC SERIES 4.5000% 08/15/19	FRS4519					
742.9800	10/15/2013 05/14/2009	742.98	770.49	00.00	-27.51	00.00	00.0
3136A0RP4	FNMA REM 2011-81 JG 3.500% 11/25/29	FRT3529					
1272.3400	10/25/2013 09/27/2011	1,272.34	1,338.34	0.00	-66.00	0.00	00'0
31395JKR6	FHLMC REMIC SERIES 4.5000% 08/15/19	FRS4519					
712.4900	11/15/2013 05/14/2009	. 712.49	738.88	0.00	-26.39	0.00	00.0
3136A0RP4	FNMA REM 2011-81 JG 3.500% 11/25/29	FRT3529					
1081.2800	11/25/2013 09/27/2011	1,081,28	1,137.37	00.00	-56.09	000	00.0
78387GAL7	SBC COMMUNICATIONS 5.625% 6/15/16	SC55618					
10900.000601	12/05/2013 05/19/2009	121,831.48	111,317.34	00'0	10,514,14	0.00	00'0
91324P102	UNITEDHEALTH GROUP INC	UNH					
425.0000	12/05/2013 Various	30,913.96	13,183.66	00.0	17,730.30	0.00	00.0
31395JKR6	FHLMC REMIC SERIES 4.5000% 08/15/19	FRS4519					
686.8000	000011110000000000000000000000000000000						

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Page 15 of 32 Ref: 39

ATTN: J KENNETH HANAK, CPA PO BOX 952 DAPHNE, AL 36526-0952 MAPP FAMILY FOUNDATION Recipient's Name and Address: HANAK & WELLS PC 2nd TIN notice 55B055281109 13-7349796 13-3222685 A Payer's Federal ID Number: Recipient's Tax ID Number: Payer's State ID Number: Account Number: Corrected State:

ONE COURT SQUARE, 19TH FLOOR

LONG ISLAND CITY, NY 11120

CITICORP TRUST DELAWARE, NA

C/O CITI TRUST

Payer's Name and Address:

For noncovered securities (Box 6a is checked) shown on this statement, cost basis information including wash sale disallowed loss is not being reported to the IRS.

Desort	(Box 18) (Box 18) 3136A0RP4 FNMA RI	1344.3800 12/25	3136AORP4 FNMA	1183.9000 12/31	31395JKR6 FHLMC	634.8000 12/31	31395JKR6 FHLMC	638.6500 12/31	Total Long Term Sales Reported on 1099-B
Cusip  Date of Date of Date of Sale of	(Box 1a) FNMA REM 2011-81 JG 3.500% 11/25/29	12/25/2013 09/27/2011	FNMA REM 2011-81 JG 3.500% 11/25/29	12/31/2013 09/27/2011	FHLMC REMIC SERIES 4.5000% 08/15/19	12/31/2013 05/14/2009	FHLMC REMIC SERIES 4.5000% 08/15/19	12/31/2013 05/14/2009	orted on 1099-B
THE STOCK OF OUR BEST	(Box 28) FRT3529	1,344.38	FRT3529	1,183.90	FRS4519	634.80	FRS4519	638.65	483,158.35
MBOL (BOX 101), VENT EVER CORROLL BANK MACHINERE LEVER CORROLL		1,414.12		1,245,31		658.31		662.30	388,200.33
		00'0		00.00		0.00		0.00	0.00
A THE PARTY OF THE		-69.74		-61.41		-23.51		-23.65	94,958.00
in version de la company de la	(Box 4)	0.00		0.00		0.00		00.0	00.0
Market Markete Withoglax	(Box 15)	00.0		0.00		0.00		0.00	0.00

Report on Form 8949, Part II, with Box E checked

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### MAPP FAMLY FOUNDATION YEAR 2013 FEIN: 13-7349796

Form 990-PF, Part XV, Line 3a

NAME: A TABLE AND TABLE TO SEE THE SECOND	RELATIONSHIP	STATUS	PURPOSE OF GRANT	0.5	AMOUNT 💉
AIDE FOR ANIMALS	NONE	N/A	General Charitable Purpose	\$	2,000.00
AL SHERIFF'S YOUTH RANCHES	NONE	N/A	General Charitable Purpose	\$	3,636.30
ALABAMA FREE CLINIC	NONE	N/A	General Charitable Purpose	\$	10,000.00
ALABAMA OUTWARD BOUND SCHOOL	NONE	N/A	General Charitable Purpose	\$	5,000.00
ALL ABOUT DOGS COASTAL RESCUE	NONE	N/A	General Chantable Purpose	\$	2,000 00
AMERICAN CANCER SOCIETY	NONE	N/A	General Charitable Purpose	\$	5,000.00
ARC-BALDWIN COUNTY	NONE	N/A	General Charitable Purpose	\$	10,000.00
AUTISM AVENUE	NONE	N/A	General Charitable Purpose	\$	10,000.00
BALDWIN CO. DRUG COURT FOUNDATION	NONE	N/A	General Charitable Purpose	\$	10,000.00
BALDWIN CO YOUTH ORCHESTRA	NONE	N/A	General Charitable Purpose	\$	2,000.00
BALDWIN COUNTY HUMANE SOCIETY	NONE	N/A	General Charitable Purpose	\$	10,000 00
BECKWITH-PROTESTANT EPISCOPAL CHURCH	NONE	N/A	General Charitable Purpose	\$	10,000.00
CARE HOUSE	NONE	N/A	General Charitable Purpose	\$	10,000 00
CATHOLIC CHARITIES OF GREATER MOBILE	NONE	N/A	General Charitable Purpose	\$	10,000.00
CHILDREN'S OF ALABAMA	NONE	N/A	General Charitable Purpose	\$	15,000.00
CHRISTIAN SERVICE OF AMERICA	NONE	N/A	General Charitable Purpose	\$	10,000.00
COMMUNITY SERVICES FOR VISION REHABILITATION	NONE	N/A	General Charitable Purpose	\$	7,500.00
COVENANT HOSPICE	NONE	N/A	General Charitable Purpose	\$	4,000.00
DUBARD SCHOOL FOR LANGUAGE DISORDERS AT US	NONE	N/A	General Charitable Purpose	\$	5,000 00
EASTERN SHORE ART CENTER	NONE	N/A	General Charitable Purpose	\$	10,000 00
EASTERN SHORE CHAMBER FOUNDATION	NONE	N/A	General Charitable Purpose	\$	3,000 00
EASTERN SHORE RECOVERY FOUNDATION	NONE	N/A	General Charitable Purpose	\$	5,000.00
ECUMENICAL MINISTRIES	NONE	N/A	General Charitable Purpose	\$	15,000.00
EDWARDS STREET FELLOWSHIP	NONE	N/A	General Charitable Purpose	\$	6,000 00
EXTRA TABLE	NONE	N/A	General Chantable Purpose	\$	15,000 00
FAIRHOPE CAT COALITION	NONE	N/A	General Chantable Purpose	\$	4,000 00
FAIRHOPE EDUCATIONAL FOUNDATION	NONE	N/A	General Charitable Purpose	\$	10,000 00
FAMILY PROMISE	NONE	N/A	General Charitable Purpose	\$	5,000 00
FAMILY PROMISE OF BALDWIN CO.	NONE	N/A	General Charitable Purpose	\$	5,000 00
FIARHOPE/POINT CLEAR ROTARY YOUTH PROGRAM	NONE	N/A	General Charitable Purpose	\$	5,000 00
HABITAT FOR HUMANITY-BALDWIN CO.	NONE	N/A	General Charitable Purpose	\$	10,000 00
HOPE CENTER INC	NONE	N/A	General Charitable Purpose	\$	10,000.00
HOUSE OF HOPE FOR CHILDREN	NONE	N/A	General Charitable Purpose	\$	10,000 00
LIGHT OF THE VILLAGE	NONE	N/A	General Charitable Purpose	\$	13,000.00
MARY'S SHELTER - GULF COAST	NONE	N/A	General Charitable Purpose General Charitable Purpose	\$	5,000.00 5,000.00
MERCY MEDICAL MISSISSIPPI CHILDREN'S MUSEUM	NONE	N/A N/A	General Charitable Purpose  General Charitable Purpose	\$	20,000.00
MISSISSIPPI MUSEUM OF ART	NONE NONE	N/A	General Charitable Purpose	\$	2,500 00
MOUNT OLIVE MINISTRIES	NONE	N/A	General Charitable Purpose	\$	2,000 00
NORTH BALDWIN ANIMAL SHELTER	NONE	N/A	General Charitable Purpose  General Charitable Purpose	\$	15,000.00
OZANAM CHARITABLE PHARMACY, INC	NONE	N/A	General Charitable Purpose	\$	5,000.00
PRODISEE PANTRY	NONE	· N/A	General Charitable Purpose	\$	10,000.00
R3SM, INC	NONE	N/A	General Charitable Purpose	\$	15,000 00
RILEIGH & RAYLEE ANGEL RIDE FOUNDATION	NONE	N/A	General Charitable Purpose	\$	10,000 00
SAVING GRACE HOME FOR WOMEN	NONE	N/A	General Charitable Purpose	\$	7,500 00

### MAPP FAMLY FOUNDATION YEAR 2013 FEIN: 13-7349796

Form 990-PF, Part XV, Line 3a

NAME SOME STATE OF THE STATE OF	RELATIONSHIP	STATUS	PURPOSE OF GRANT	7	AMOUNT:
SHEPHERD'S PLACE FOUNDATION	NONE	N/A	General Charitable Purpose	\$	10,000.00
SOUTH ALABAMA VOLUNTEER LAWYERS PROGRAM	NONE	N/A	General Charitable Purpose	\$	6,700.00
SOUTH BALDWIN CHAMBER FOUNDATION	NONE	N/A	General Charitable Purpose	\$	3,000.00
SOUTHERN PINES ANIMAL SHELTER	NONE	N/A	General Charitable Purpose	\$	8,000.00
THE GREATER PINE BELT COMMUNITY FOUNDATION	NONE	N/A	General Charitable Purpose	\$	20,000 00
THE LIGHTHOUSE	NONE	N/A	General Charitable Purpose	\$	10,000.00
THE-MISSION AT-THE CROSS	NONE	N/A -	General Charitable Purpose	\$-	5,000.00
THE PHILADELPHIA PRISON MINISTRY	NONE	N/A	General Charitable Purpose	\$	10,000 00
THE SALVATION ARMY-COASTAL ALABAMA	NONE	N/A	General Charitable Purpose	\$	10,000.00
THE SHOULDER	NONE	N/A	General Charitable Purpose	\$	10,000.00
UNITED WAY OF BALDWIN COUNTY	NONE	N/A	General Charitable Purpose	\$	5,000 00
VICTORY HEALTH PARTNERS	NONE	N/A	General Charitable Purpose	\$	15,000.00
WEEKS BAY FOUNDATION	NONE	N/A	General Charitable Purpose	\$	7,500 00
YOUNG LIFE EASTERN SHORE	NONE	N/A	General Charitable Purpose	\$	7,500.00
TOTAL				\$	491,836.30