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EXTENSION ATTACHED

Return of Private Foundation

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

Do not enter Social Security numbers on this form as it may be made public.

OMB No 1545-0052

	_		m 990-PF and its separate			<u>3.gov/10/11/330p/.</u>	Open to Public Inspection
For	cale	ndar year 2013 or tax year beginning		, and end	ding		
		f foundation				A Employer identificatio	n number
Z	AR	KS FAMILY FOUNDATION, I	NC.				
	:/0	C. BROWN EDWARDS, JR.				58-195869	7
Nu	mber a	and street (or P O box number if mail is not delivered to street	address)] '	Room/suite	B Telephone number	
_P	OS	T OFFICE BOX 1606				(912)749-1	L700
Cit	y or t	own, state or province, country, and ZIP or foreign p	ostal code			C if exemption application is i	pending, check here
M	IAC	ON, GA 31202-1606					
G	Check	all that apply: Initial return	Initial return of a fo	ormer public ch	arity	D 1. Foreign organization	s, check here
		Final return	Amended return			0	
		Address change	Name change			Foreign organizations m check here and attach c	eeting the 85% test, omputation
H (Check	type of organization: X Section 501(c)(3) ex	empt private foundation			E If private foundation sta	atus was terminated
] Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ation		under section 507(b)(1	
I Fa	air m	arket value of all assets at end of year J Account	ng method: X Cash	Accru	al	F If the foundation is in a	60-month termination
		, 	her (specify)			under section 507(b)(1	
	\$	785,129. (Part I, colu		basis.)		, ,	
		Analysis of Revenue and Expenses	(a) Revenue and	(b) Net inve	estment	(c) Adjusted net	(d) Disbursements
_		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	expenses per books	incon		income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	15,000.			N/A	
	2	Check X If the foundation is not required to attach Sch B					
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities	20,853.	20	,853.		STATEMENT 1
	1	Gross rents	20,000,		7		
	Ь						<u> </u>
	6a	· · · · · · · · · · · · · · · · · · ·	5,000.				
<u>s</u>	"L	Gross sales price for all 71 210	3,000.			<u></u>	
Revenue	7	assets on line 6a / 1 , 3 1 0 • Capital gain net income (from Part IV, line 2)		5	,000.		
æ	8	Net short-term capital gain			,,000.		
	9	Income modifications					
	10a	Gross sales less returns	<u></u>				
	l						
	ı	Gross profit or (loss)					
	11	Other income	4,052.	1	,052.		STATEMENT 2
)	12	Total. Add lines 1 through 11	44,905.		,905.		DIATEMENT Z
) 	13	Compensation of officers, directors, trustees, etc	7,500.		0.		0.
,	14	Other employee salaries and wages	7,300.				
	1	Pension plans, employee benefits					
S		Legal fees STMT 3	1,017.	<u></u>	0.		0.
, Š	IVA	Accounting fees STMT 4	2,400.		0.		0.
Expenses	١	-Other professional fees	2,400.		0.		
E	17						
Administrative	1 1						
Str	18	Taxes Depreciation and depletion					
Ē	19	:					
ᇦ	20	Occupancy					
	21	Travel, conferences, and meetings					
Operating and	22	Printing and publications Other expenses STMT 5	9,727.		0.		
Ë	23		9,121.		0.		0.
er at	24	Total operating and administrative	20 644		0.		
ð		expenses. Add lines 13 through 23	20,644.		0.		63 000
-	25	Contributions, gifts, grants paid	62,800.				62,800.
	26	Total expenses and disbursements.	02 444		0.		62 000
	-	Add lines 24 and 25	83,444.		<u> </u>		62,800.
			-20 520				
	,	Excess of revenue over expenses and disbursements	<38,539.	>	005	<u> </u>	
	1	Net investment income (if negative, enter -0-)			,905.	37 / 3	
3235 10-10	01 C	Adjusted net income (if negative, enter -0-)	<u>. </u>			N/A	5 000 PC
10-10	J- 13	LHA For Paperwork Reduction Act Notice, see	instructions.				Form 990-PF (2013)

Form **990-PF** (2013)

BROWN EDWARDS 58-1958697 Part II Balance Sheets Attached schedules and amounts in the description Beginning of year End of year (a) Book Value (b) Book Value (c) Fair Market Value 104,809 89,858 89,858. 1 Cash - non-interest-bearing 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 7 Other notes and loans receivable 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 b Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans STMT 6 557,588. 534,000 695,271 13 Investments - other 14 Land, buildings, and equipment basis Less accumulated depreciation 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers - see the 662,397. 623,858 785,129. instructions. Also, see page 1, item 1) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 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. Net Assets or Fund Balances 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted $\triangleright \overline{X}$ Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 1,077,533 1,077,533 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund <415,136.b **<453,675** 29 Retained earnings, accumulated income, endowment, or other funds <u>662,397</u> 623,858 30 Total net assets or fund balances 662,397 623,858 31 Total liabilities and net assets/fund balances 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) 662,397. 2 Enter amount from Part I, line 27a Other increases not included in line 2 (itemize) Add lines 1, 2, and 3 Decreases not included in line 2 (itemize) Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 623,858.

Form 990-PF (2013) C/O	C. BROWN EDWARDS, JE	₹		<u> 58-195</u>	8697	Page 3
Part IV Capital Gains a	nd Losses for Tax on Investmer	nt Income				
(a) List and describ 2-story brick ware	ne the kind(s) of property sold (e.g., real estate, shouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date (mo., da	
18 LOOMIS SAYLES B	OND F CLASS		P	08/17/11	03/20)/13
b LINN ENERGY LLC			P	09/01/09	11/1:	2/13
С						
<u>d</u>						
e					L	
(e) Gross sales price		ost or other basis expense of sale		(h) Gain or (loss (e) plus (f) minus		
a 62,628.		60,000			2	<u>,628.</u>
в 8,690.		6,318			2	,372.
d d		<u> </u>				
е						
Complete only for assets showing	gain in column (h) and owned by the foundation	n on 12/31/69		Gains (Col. (h) gair		·
(i) F.M.V. as of 12/31/69		xcess of col. (i) r col. (j), if any	col.	(k), but not less that Losses (from col.	n -0-) or (h))	
8					2	628.
b					2	,628. ,372.
С			<u></u>			
d						
е			ļ			
2 Capital gain net income or (net capit	If gain, also enter in Part I, line tal loss)	e7 e7 }	2		5	,000.
3 Net short-term capital gain or (loss)	as defined in sections 1222(5) and (6):		j j			
If gain, also enter in Part I, line 8, co		}				
If (loss), enter -0- in Part I, line 8	d 0	d Tau am Nad Im	3	N/A	<u>. </u>	
	der Section 4940(e) for Reduce			ome		
(For optional use by domestic private fo	oundations subject to the section 4940(a) tax o	n net investment incon	ne.)			
If section 4940(d)(2) applies, leave this	part blank.					
		Aba baaa a a ::- df	,		□ v 1	X No
	n 4942 tax on the distributable amount of any y under section 4940(e). Do not complete this p	•	•		162	טאו ניבר
	ch column for each year; see the instructions be					
(a)	(b)	(0			(d) oution ratio	
Base periód years Calendar year (or tax year beginning		Net value of nonch	arıtable-use assets	Distril (col. (b) div	oution ratio vided by col. :	(c))
2012	36,500.	· · · · · · · · · · · · · · · · · · ·	740,432			19296
2011	48,950.		779,944			52761
2010	26,872.		745,463			36047
2009	59,384.		736,566			30623
2008	54,793.		988,063			55455
2 Total of line 1, column (d)				2	. 28	34182
3 Average distribution ratio for the 5-y	ear base period - divide the total on line 2 by 5	, or by the number of y	ears			
the foundation has been in existence	e if less than 5 years			3	.05	56836
4 Enter the net value of noncharitable-	use assets for 2013 from Part X, line 5	••	••	4	764	626.
5 Multiply line 4 by line 3				5	43	458.
6 Enter 1% of net investment income	(1% of Part I, line 27b)			6		299.
7 Add lines 5 and 6				7	43	757.
8 Enter qualifying distributions from P	art XII, line 4			8	62	800.
If line 8 is equal to or greater than lin	ne 7, check the box in Part VI, line 1b, and com	plete that part using a	1% tax rate.			

ZARKS FAMILY FOUNDATION, INC.

Earn	1990-PF (2013) C/O C. BROWN EDWARDS, JR58-195	8697	,	Page 4
_	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instn	uctio	
	Exempt operating foundations described in section 4940(d)(2), check here and enter *N/A* on line 1.			*
••	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%		2	299.
	of Part I, line 27b			
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
3	Add lines 1 and 2		2	99.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		2	99.
6	Credits/Payments:	_		
8	2013 estimated tax payments and 2012 overpayment credited to 2013 6a 2,569.			
b	Exempt foreign organizations - tax withheld at source 6b			
C	Tax paid with application for extension of time to file (Form 8868).			
d	Backup withholding erroneously withheld			
7	Total credits and payments. Add lines 6a through 6d		2,5	69.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		2,2	70.
11	Enter the amount of line 10 to be: Credited to 2014 estimated tax			0.
Pa	rt VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	any political campaign?	1a_		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities.	1	1	
C	Did the foundation file Form 1120-POL for this year?	1c		X_
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0 .		ŀ	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. ▶ \$ 0 .			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	48		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	4b		<u> </u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:]	
	By language in the governing instrument, or	1	l	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law		ļ	
	remain in the governing instrument?	6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	<u></u>
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)		ŀ	
	<u>GA</u>	1	ĺ	1
þ	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			İ
	of each state as required by General Instruction G? If "No," attach explanation	8b_	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 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV	9	 	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X
	Fo	m 990	1-PF ((2013)

323541 10-10-13 N/A

3b

4a

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X

Form 4720, to determine if the foundation had excess business holdings in 2013.)

had not been removed from jeopardy before the first day of the tax year beginning in 2013?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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

0

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

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All other program-related investments. See instructions.

Total. Add lines 1 through 3

Page 8

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 634,642. a Average monthly fair market value of securities 1a 141,628. Average of monthly cash balances 1b c Fair market value of all other assets 1c 776,270. 1đ Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets 2 3 776,270. Subtract line 2 from line 1d 11,644. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 764,626. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 Minimum investment return. Enter 5% of line 5 38,231 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.) 38,231. Minimum investment return from Part X, line 6 299. Tax on investment income for 2013 from Part VI, line 5 Income tax for 2013. (This does not include the tax from Part VI.) Add lines 2a and 2b 2c 299 3 3 Distributable amount before adjustments. Subtract line 2c from line 1 4 Recoveries of amounts treated as qualifying distributions 932. Add lines 3 and 4 5 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 932 Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 62.800. Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 18 Program-related investments - total from Part IX-B 16 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3Ь Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 62,800. Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b 299. 62,501. Adjusted qualifying distributions. Subtract line 5 from line 4 6 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

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

indicated below: a Corpus Add Innes 31, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract line 4b from line 2b 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 d Subtract line 6c from line 6b. Taxable amount - see instructions e Undistributed income for 2012. Subtract line 4a from line 2a. Taxable amount - see instr. f Undistributed income for 2013. Subtract line 4d and 5 from line 1. This amount must be distributed in 2014 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(a)(3) 8 Excess distributions carryover from 2008 not applied on line 5 or line 7 9 Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a		(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
2 Undestructed recover, 4 any, is of the end of 3213 be. Enter amount for 2012 only b Total for prior years: 3 Excess distributions carryover, if any, to 2013; a From 2008 br on 2009 c From 2010 c From 2011 c From 2012 c From 2015 c From 2015 c From 2015 c From 2015 c From 2016 c From 2017 c From 2017 c From 2016 c From 2017 c From 2017 c From 2018 c From 2018 c From 2019 c					37,932.
Enter amount for 2012 only 1 Total for prior years: 2	2 Undistributed income, if any, as of the end of 2013				
3 Excess distributions carryover; if any, to 2013: a From 2008 b From 2009 b From 2010 f From 2011 b From 2012 1 Trail of lines 3a through e 4 Qualitying distributions for 2013 from Part XII, line 4: b S 62, 8 00. a Applied to 2012, but not more than line 2a b Applied to undistributed morne of prior Quality Gletchon required - see instructions) b Trailed as distributions of corpus (Election required - see instructions) c Trailed as distributions or of corpus (Election required - see instructions) d Applied to 2013 distributable amount f Remaining amount distributed out of corpus (Election required - see instructions) c Trailed as distributions out of corpus (Election required - see instructions) d Applied to 2013 distributable amount f Remaining amount distributed out of corpus 5 Encess distributions compower signled to 2013 0 . 6 Existent in ent total of a set oclumn as indicated below. C Corpus A date see 14. see and 6 schemat line 8 b Prior years' undistributed income. Subtract line the 0 from line 20. c Enter the amount of prior years' undestributed income. Subtract line de 0 from line 20. c Enter the amount of prior years' undestributed income for 2012. Subtract line de 1 from line 20. c Enter the amount of prior years' undestributed income for 2012. Subtract line de 4 from line 22. Azable amount - see instructions c Undistributed income for 2012. Subtract line de 4 from line 23. Azable amount - see instructions c Undistributed income for 2012. Subtract line de 4 from line 23. Azable amount - see instructions c Undistributed income for 2012. Subtract line de 4 from line 23. Azable amount - see instructions c Undistributed income for 2012. Subtract line de 4 from line 23. Azable amount - see instructions c Undistributed income for 2012. Subtract line de 4 from line 23. Azable amount - see instructions c Undistributed income for 2013. Subtract line de 4 from line 23. Azable amount - see instructions c Undistributed income for 2012. Subtract line de 4 from line 23. Azable amount - see instructions c Undistr				27,785.	
3 Excess distributions carryover, if any, to 2013: a From 2008 b From 2019 c From 2010 d From 2011 c From 2012 f Total of times 3a through a 4 Qualifying distributions for 2013 from Part XII, time 4: b S 62, 80.0. a Applied to 2012, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) d Applied to 2013 distributioble amount e Remaining amount distributed out of corpus (Election required - see instructions) d Applied to 2013 distributioble amount e Remaining amount distributed to 3013 must be shown in acotion (s) Total of time 5 or time 5 C Excess distributions curpower explicit to 3013 must be shown in acotion (s) Total of time 5 or time 5 C Extent the net total of each column as indicated below: a forcing Adams at 4.c. and 4a Substrations b Prior years' undistributed income. Subtract line 4 bit from line 2. D Enter the amount of prior years' undistributed income. Subtract line 4 bit from line 2. D Enter the amount of prior years' undistributed income for which an which the section 49(4) tax has been previously assessed Subtract line 6c from line 6b. Taxable amount - see instructions e Undistributed income for 2013. Subtract line 4 afrom line 2c. Taxable amount - see instructions e Undistributed income for 2013. Subtract line 4 afrom line 2c. Taxable amount - see instructions e Undistributed income for 2013. Subtract line 4 afrom line 2c. Taxable amount - see instructions e Undistributed income for 2013. Subtract line 4 afrom line 2c. Taxable amount - see instructions e Undistributed income for 2013. Subtract line 4 afrom line 3c. Taxable amount - see instructions e Undistributed income for 2013. Subtract line 4 afrom line 3c. Taxable amount - see instructions e Undistributed income for 2013. Subtract line 4 afrom line 3c. Taxable amount - see instructions e Undistributed income for 2013. Subtract line 4 afrom line 3c. Taxable amount - see instructions e Undistributed inc					
a From 2008 b From 2019 c From 2011 c From 2011 c From 2012 c From 2013 c From 2012 c From 2013 c From 2012 c From 2012 c From 2013 c From 2012 c Fro			0.		
From 2019 From 2010 From 2010 From 2011 From 2012 From 2015 Fro	3 Excess distributions carryover, if any, to 2013:				
e From 2010 d From 2012 1 Total of lines 3a through e 1 O . 4 Qualifying distributions for 2013 from Part XII, line 4: № \$ 62,800. a Applied to 2012, but not more than line 2a 4 Applied to 2012, but not more than line 2a 4 Applied to 2012, but not more than line 2a 4 Applied to 2012, but not more than line 2a 4 Applied to 2013 distributable amount 9 (Election required - see instructions) 9 O . 9 (Treated as distributions out of corpus (Election required - see instructions) 9 O . 9 (Election required - see instructions) 9 O . 9	a From 2008				
d From 2012 From 2012 Total of lines 3a through e 4. Qualyhing distributions for 2013 from Part XII, line 4: IPS 52, 800. a Applied to 2012, but not more than line 2a b Applied to 2012, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) d Applied to 2013 distributable amount e Remaning amount distributed out of corpus fice secses distributions carryover spelled to 2013 fif as amount applies in equalities of the same amount of the second spelled in the same amount of the same amount of prior years' undistributed more to 44, and 46 such the same amount of the second spelled in the same amount of the second spelled in the same amount of the same amount of prior years' undistributed more for which a notice of delicinery has been previously assessed of Subtract line 66 from line 60. Taxable amount - see instit. Undistributed income for 2013. Subtract line 44 from line 25. Taxable amount - see instit. Undistributed oncome for 2013. Subtract line 44 from line 25. Taxable amount - see instit. Undistributed oncome for 2013. Subtract line 44 from line 26 from line 60. Taxable amount - see institutions on the second spelled in the second spel	b From 2009	}			
e From 2012 1 Total of lines 3a through e 4 Cualifying distributions for 2013 from Part XII, line 4: № \$ 62,800, a Applied to 2012, but not more line in line 2a 4 Applied to undistributed income of prior years (Election required - see instructions) 5 Created as distributions out of corpus (Election required - see instructions) 6 Applied to 2013 distributable amount 7 Remaining amount distributed out of corpus 8 Creame simbilities anayover applied to 2013 1 Iff an amount applied to 2013 2 Corpus Add lines 31, 4c, and 46 Subtract lines 3 Corpus Add lines 31, 4c, and 46 Subtract lines 4 Corpus Add lines 31, 4c, and 46 Subtract lines 4 Corpus Add lines 31, 4c, and 46 Subtract lines 5 O. 5 Enter the amount of prior years' 1 undistributed in corne for 2012. Subtract line 4 a from line 2b. Taxable amount - see instructions 3 Subtract line 6 from line 6b. Taxable	c From 2010				
1 Total of lines 3a through e 4 Qualifying distributions for 2013 from Part XII, inst ** ► ► S. 62,800. 4 Applied to 2012, but not more than line 2a Applied to 2012, but not more than line 2a Applied to 2012, but not more than line 2a Applied to 2013 distributions of pror years (Election required - see instructions) 4 Applied to 2013 distributable amount Remaining amount distributed out of corpus (Election required - see instructions) 4 Applied to 2013 distributable amount Remaining amount distributed out of corpus 5 Excess estatifulations carryover experted to 5019 6 Enter the net total of each column as indicated below: 2 Corpus Add inne 31, 4c, and 4c Subtract line 5 6 Prior years' undistributed incomes. Subtract line 4 from line 2b Cether the amount of prior years' undistributed incomes of which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed 3 Subtract line 6 from line 6b. Taxable amount - see instructions 4 from line 2. Taxable amount - see instructions 4 from line 2. Taxable amount - see instructions 4 from line 2. Taxable amount - see instructions 4 from line 2. Taxable amount - see instructions 4 from line 2. Taxable amount - see instructions 5 Compus Add and 5 from line 1. This amount must be distributed income for 2012. Subtract line 4 from line 6b. Taxable amount - see instructions 4 from line 2 from line 6b. Taxable amount - see instructions 5 Compus Add and 5 from line 1. This amount must be distributed more for 2012. Subtract line 4 from line 6b. Taxable amount - see instructions 6 Compus Add and 5 from line 1. This amount must be distributed more for 2012. Subtract line 4 from line 6c. Taxable amount - see instructions 7 O. 9 Excess from 1000 8 Excess from 2000 9 Excess from 2001 1 Excess from 2011 1 Excess from 2011 2 Excess from 2011 3 Compus Add and 5 from line 6c. Taxable amount - see instructions 3 Compus Add and 5 from line 6c. Taxable amount - see instructions 3 Compus Add and 5 from line 1. This amount must be d	d From 2011				
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d Excess from 2012 e Excess from 2013	b Excess from 2010]	
e Excess from 2013	c Excess from 2011				
·	d Excess from 2012			ļ	
	e Excess from 2013				

Form **990-PF** (2013)

Form **990-PF** (2013)

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

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C/O C. BROWN EDWARDS,

<u>58-1958697</u> Page 11

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager Foundation Purpose of grant or Amount status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year BOBBY'S KIDNEY TRANSPLANT FUND CHARITY N/A (KIDNEY FOUNDATION) 3700 LAWRENCR DR S 5,300. MACON GA 301216 CHARITY CONGREGATION SHAAREY ISRAEL N/A 611 FIRST ST 9,500. MACON GA 31201 FEDERATION OF JEWISH CHARITIES N/A CHARITY PO BOX 5276 MACON GA 31208 15,500. HADASSAH N/A CHARITY 103 GEORGETOWN CT MACON GA 31210 1,500, NEW BEGINNING BIBLE CHURCH CHARITY N/A PO BOX 13897 MACON GA 31213 1,000. SEE CONTINUATION SHEET(S) ▶ 3a 62,800. Total b Approved for future payment NONE **▶** 3b Total

C/O C. BROWN EDWARDS, JR.

Part XVI-A	Analysis of	Income-Producing	Activities

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ded by section 512, 513, or 514	(e)
•	(a) Business code	(b) Amount	(C) Excru- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	code		1000		
a			-	 	
b	ļ		-	 	
·			-		
a			 		
e			_		
	ļ		 		
g Fees and contracts from government agencies			 		
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	20,853.	
4 Dividends and interest from securities			14	20,653.	
5 Net rental income or (loss) from real estate:			\vdash		
a Debt-financed property			+		
b Not debt-financed property			 		
6 Net rental income or (loss) from personal					
property			 		4,052.
7 Other investment income			 		4,032.
8 Gain or (loss) from sales of assets other					5,000.
than inventory			 		5,000.
9 Net income or (loss) from special events			+	<u> </u>	
10 Gross profit or (loss) from sales of inventory			 		
11 Other revenue:					
8					
b			 		
d			 		· · · · · · · · · · · · · · · · · · ·
d					
12 Subtotal. Add columns (b), (d), and (e)		0.		20,853.	9.052.
13 Total. Add line 12, columns (b), (d), and (e)			1	13	9,052. 29,905.
(See worksheet in line 13 instructions to verify calculations.)			•	•	
Part XVI-B Relationship of Activities to	the Acc	omplishment of Ex	kemp	t Purposes	
					-1-64-6
Line No. Explain below how each activity for which income the foundation's exempt purposes (other than be			Contri	buted importantly to the accom	plishment of
7 LIFE INSURANCE PROCEEDS		inds for saon parposcoj.			
/ LIFE INSURANCE PROCEEDS)				
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323621					5 000 DE
JEJUE 1					Form 990-PF (2013)

Form 990-PF (2013) 58-1958697 C/O C. BROWN EDWARDS Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash 1a(1) X (2) Other assets 1a(2) b Other transactions: (1) Sales of assets to a noncharitable exempt organization 1b(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) X X (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) (5) Loans or loan guarantees 1b(5) X (6) Performance of services or membership or fundraising solicitations 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (b) Amount involved (c) Name of noncharitable exempt organization (a) Line no (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No Yes in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship of this return, including accompanying schedules and statements, and to the best of my knowledge Sign return with the prepare Here X Yes OFFICER Signature of officer of trustee Title Check Print/Type preparer's name Preparer's signature Date NON 0 self- employed 6 201 Paid **EDDIE BIRNBREY** EDDIE BIRNBREY P00379980

Form **990-PF** (2013)

<u>(404)</u>355-3870

Firm's EIN ► 58-0644812

Phone no.

Preparer

Use Only

Firm's name ▶ BIRNBREY, MINSK, MINSK & PERLING LLC

Firm's address ▶ 1801 PEACHTREE ST., N.E.,

<u>ATLANTA, GA 30309-1815</u>

Form **8868** (Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868

MAY 1 4 2014

OMB No. 1545-1709

Type or print ZARKS FAMILY FOUNDATION, INC. C/O C. BROWN EDWARDS, JR. Number, street, and room or suite no. If a P.O. box, see instructions. POST OFFICE BOX 1606 City, town or post office, state, and ZIP code. For a foreign address, see instructions. MACON, GA 31202-1606 Enter the Return code for the return that this application is for (file a separate application for each return) Application Is For Return Code Service (corporation) Return Post Office, state, and ZIP code. For a foreign address, see instructions. MACON, GA 31202-1606 Return Post Office, state, and ZIP code. For a foreign address, see instructions. MACON, GA 31202-1606 Return Post Office, state, and ZIP code. For a foreign address, see instructions. MACON, GA 31202-1606 Return Post Office, state, and ZIP code. For a foreign address, see instructions. MACON, GA 31202-1606 Form 990 or Form 990-EZ O1 Form 990-T (corporation)	sion
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 corporate 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 exter 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 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 Enter filer's identifying number Type or print ZARKS FAMILY FOUNDATION, INC. C/O C. BROWN EDWARDS, JR. Number, street, and room or suite no. If a P.O. box, see instructions. POST OFFICE BOX 1606 Enter the Return code for the return that this application is for (file a separate application for each return) Application Is For Code Return Application Is Form 990-T (corporation)	sion
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 corporate 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 exter 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 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 Enter filer's identifying number Type or print ZARKS FAMILY FOUNDATION, INC. C/O C. BROWN EDWARDS, JR. Number, street, and room or suite no. If a P.O. box, see instructions. POST OFFICE BOX 1606 Enter the Return code for the return that this application is for (file a separate application for each return) Application Is For Code Return Application Is Form 990-T (corporation)	sion
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Application Return Application R Is For Code Is For C Form 990 or Form 990-EZ 01 Form 990-T (corporation) C	
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Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 01	
Form 990 or Form 990-EZ 01 Form 990-T (corporation)	
Form 4720 (individual) 03 Form 4720 (other than individual)	09 09
Form 990-PF 04 Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069	11
Form 990-T (trust other than above) 06 Form 8870	12
C. BROWN EDWARDS, JR.	
• The books are in the care of ▶ 240 THIRD STREET - MACON, GA 31202	
Telephone No. ▶ 912-749-1700 Fax No. ▶	
If the organization does not have an office or place of business in the United States, check this box	7
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, checking the digit of the whole group, checking the digit of the whole group, checking the digit of the whole group, checking the digit of the whole group, checking the digit of the whole group, checking the digit of the whole group, checking the digit of the whole group, checking the digit of the whole group is the digit of the whole group.	 k 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	
AUGUST 15, 2014 , to file the exempt organization return for the organization named above. The extension	
is for the organization's return for:	
► X calendar year 2013 or	
► tax year beginning , and ending	
, and onlining	
2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return	
Change in accounting period	
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	
nonrefundable credits. See instructions.	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and	
	69.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,	
by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$	
Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for painstructions.	0.
LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev.	

Form 8868 (Rev. 1-2014)					Page 2
If you are filing for an Additional (Not Automatic) 3-Month Ex	ctension, c	complete only Part II and check this	box		▶ X
Note. Only complete Part II if you have already been granted an				8868.	
• If you are filing for an Automatic 3-Month Extension, comple	te only Pa	art I (on page 1).			
Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no c	opies n	eeded).
		Enter filer's	identifyi	ng numb	er, see instructions
Type or Name of exempt organization or other filer, see instru	ictions.			•	ation number (EIN) or
print ZARKS FAMILY FOUNDATION, IN	c.				
File by the C/O C. BROWN EDWARDS, JR.				58-3	L958697
due date for Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	Social se	curity nu	mber (SSN)
filing your return See POST OFFICE BOX 1606					
City, town or post office, state, and ZIP code. For a form MACON, GA 31202-1606	oreign add	Iress, see instructions.			
Enter the Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
Application	Return	Application			Return
ls For	Code	Is For			Code
Form 990 or Form 990-EZ	01				
Form 990-BL	02	Form 1041-A			08
Form 4720 (individual)	03	Form 4720 (other than individual)			09
Form 990-PF	04	Form 5227			10_
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already granted	an auton	natic 3-month extension on a previ	ously file	d Form 8	3868
 The books are in the care of ▶ 240 THIRD STRESTED Telephone No. ▶ 912-749-1700 If the organization does not have an office or place of business If this is for a Group Return, enter the organization's four digit of box ▶	s in the Ur Group Exe	Fax No. ▶			- :
		BER 15, 2014.			
5 For calendar year 2013, or other tax year beginning		, and ending	ı		
6 If the tax year entered in line 5 is for less than 12 months, c Change in accounting period	heck reas	on. Initial return	Final r	eturn	
7 State in detail why you need the extension					
INFORMATION HAS NOT YET BEEN IN ACCURATE TAX RETURN. ADDITION		VED FROM ALL PARTII REPARATION TIME IS			PLETE AN
8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, nonrefundable credits. See instructions.	or 6069,	enter the tentative tax, less any	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	v refundable credits and estimated	- 		
tax payments made. Include any prior year overpayment all					
previously with Form 8868.		. orom and any amount paid	8b	\$	2,569.
Balance due. Subtract line 8b from line 8a. Include your pa	vment wit	h this form, if required, by using	1	-	
EFTPS (Electronic Federal Tax Payment System). See Instru	-		8c	\$	0.
		st be completed for Part II o			
Under penalties of perjury, I declare that I have examined this form, includit is true, correct, and complete, and that I am authorized to prepare this fo	ing accomp	•	-	f my know	ledge and belief,
Signature ▶	PA		Date	•	
1110					n 8868 (Rev 1-2014)

Part YV Supplementary Information

Part XV . Supplementary Informati	ion			
3 Grants and Contributions Paid During th	· · _ · · · · · · · · · · · · · ·		_	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
TEMPLE BETH ISRAEL	N/A		CHARITY	
892 CHERRY ST				
MACON, GA 31201				8,500,
BIG HOUSE FOUNDATION	N/A		CHARITY	
PO BOX 4291	i			
MACON, GA 31208			<u> </u>	1,500.
RONALD MCDONALD	N/A		CHARITY	
PO BOX 13227				
MACON, GA 31201				1,500,
SHRINERS HOSPITAL FOR CHILDREN	N/A		CHARITY)
1529 CEDAR AVENUE				
MACON, GA 31201				2,500.
JAYS HOPE	N/A		CHARITY	
1157 FORSYTH ST				2,000
MACON, GA 31201				2,000.
Wash start star			DVIADTMY	
MACON CIVIL CLUB 651 MULBERRY ST	N/A		CHARITY	1
MACON, GA 31201				1,000.
LIONS CLUB	N/A		CHARITY	
403 WILTSHIRE CT	,,			
MACON, GA 31201				1,000.
FIVE STAR KEVIN BROWN	N/A		CHARITY	
POST OFFICE BOX 1606				İ
MACON, GA 31202				2,500.
SISTERHOOD OF TEMPLE BETH ISRAEL	N/A		CHARITY	
65 CHERRY ST				
MACON GA 31210				500.
BOS CAMP	N/A		CHARITY	1
6601 ZABULON RD MACON, GA 31201				1,000.
Total from continuation sheets				30 000
. Take trans dammeration on one	··· <u> </u>	····	<u> </u>	. 50,000

ZARKS FAMILY FOUNDATION, INC.

C/O C. BROWN EDWARDS, JR. 58-1958697

3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Condibution	
ALZHEIMERS	N/A		CHARITY	
41 PERIMETER CENTER EAST, SUITE 550 ATLANTA, GA 30346				6,00
niumin, Gn 30310				0,00
178 BIBB FUND	N/A		CHARITY	
986 LAKE ST				
MACON, GA 31204				1,20
IYIKU DANCE FOUNDATION 128 VINEVILLE AVE	N/A		CHARITY	
1ACON GA 31210			_	80
	 		<u> </u>	
				1
	<u> </u>			
				,

FORM 990-PF	DIVIDENDS	AND INTER	REST	FROM SECU	RITIES S	TATEMENT	1
SOURCE	GROSS AMOUNT	CAPITAI GAINS DIVIDENI		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME		
ING FINANCIALS	20,853.		0.	20,853	. 20,853.		
TO PART I, LINE 4	20,853.		0.	20,853	20,853.		
FORM 990-PF		OTHER I	NCO	ME	S	TATEMENT	2
DESCRIPTION			RE		(B) NET INVEST- MENT INCOME	(C) ADJUSTEI NET INCOM	
GENWORTH FINANCIALS				4,052.	4,052.		
TOTAL TO FORM 990-PF,	PART I,	LINE 11 =		4,052.	4,052.		
FORM 990-PF		LEGAI	, FE	ES	S	TATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) I INVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI	
LEGAL		1,017.	-	0.			0.
TO FM 990-PF, PG 1, LI	N 16A	1,017.		0.			0.
FORM 990-PF	··	ACCOUNTI	NG :	FEES	S	TATEMENT	4
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) T INVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI	
ACCOUNTING		2,400.		0.		·	0.
TO FORM 990-PF, PG 1,	LN 16B	2,400.		0.		·	0.

FORM 990-PF	OTHER E	XPENSES			STATEMENT
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM	
BROKER FEES POSTAGE BANK CHARGES	9,599. 88. 40.		0. 0. 0.		(
TO FORM 990-PF, PG 1, LN 23	9,727.		0.		
FORM 990-PF	OTHER INV	ESTMENTS			STATEMENT
DESCRIPTION		LUATION ETHOD	вос	K VALUE	FAIR MARKET VALUE
ING GENWORTH LIFE INSURANCE		COST COST		524,000. 10,000.	685,271 10,000
TOTAL TO FORM 990-PF, PART II	, LINE 13	•		534,000.	695,271

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

C. BROWN EDWARDS, JR.; ZARKS FAMILY FOUNDATION, INC. P.O. BOX 1606 MACON, GA 312021606

TELEPHONE NUMBER

(912)749-1700

FORM AND CONTENT OF APPLICATIONS

THE APPLICATION SHOULD BE IN LETTER FORM, INCLUDE THE ORGANIZATION NAME, AND DESCRIPTION OF ACTIVITY.

ANY SUBMISSION DEADLINES

SEPTEMBER 30TH

RESTRICTIONS AND LIMITATIONS ON AWARDS

NO