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Form **990-PF****Return of Private Foundation**
or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

2014Department of the Treasury
Internal Revenue Service

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► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

For calendar year 2014 or tax year beginning

, and ending

Name of foundation MAPP FAMILY FOUNDATION		A Employer identification number 13-7349796
Number and street (or P.O. box number if mail is not delivered to street address) P.O. DRAWER 139	Room/suite	B Telephone number (see instructions) 251-928-9080
City or town, state or province, country, and ZIP or foreign postal code POINT CLEAR AL 36564-0139		C If exemption application is pending, check here ☐
G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change		D 1 Foreign organizations, check here ☐ 2 Foreign organizations meeting the 85% test, check here and attach computation ☐
H Check type of organization ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ☐
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ► \$ 11,674,637	J Accounting method ☒ Cash ☐ Accrual ☐ Other (specify)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐
(Part I, column (d) must be on cash basis)		

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1	Contributions, gifts, grants, etc., received (attach schedule)	456,578			
2	Check ☐ if the foundation is not required to attach Sch. B				
3	Interest on savings and temporary cash investments	49	49		
4	Dividends and interest from securities	234,441	234,441		
5a	Gross rents				
b	Net rental income or (loss)				
6a	Net gain or (loss) from sale of assets not on line 10 Stmt 1	117,639			
b	Gross sales price for all assets on line 6a 1,213,114				
7	Capital gain net income (from Part IV, line 2)			0	
8	Net short-term capital gain			0	
9	Income modifications				
10a	Gross sales less returns and allowances				
b	Less: Cost of goods sold				
c	Gross profit or (loss) (attach schedule)				
11	Other income (attach schedule)				
12	Total. Add lines 1 through 11	808,707	234,490	0	
13	Compensation of officers, directors, trustees, etc.	71,295	35,648		35,647
14	Other employee salaries and wages				
15	Pension plans, employee benefits				
16a	Legal fees (attach schedule)				
b	Accounting fees (attach schedule) Stmt 2	3,844			3,844
c	Other professional fees (attach schedule)				
17	Interest				
18	Taxes (attach schedule) (see instructions) Stmt 3	230	230		
19	Depreciation (attach schedule) and depletion				
20	Occupancy				
21	Travel, conferences, and meetings				
22	Printing and publications				
23	Other expenses (att sch) Stmt 4	7,766			7,766
24	Total operating and administrative expenses. Add lines 13 through 23	83,135	35,878	0	47,257
25	Contributions, gifts, grants paid	505,500			505,500
26	Total expenses and disbursements. Add lines 24 and 25	588,635	35,878	0	552,757
27	Subtract line 26 from line 12				
a	Excess of revenue over expenses and disbursements	220,072			
b	Net investment income (if negative, enter -0-)		198,612		
c	Adjusted net income (if negative, enter -0-)			0	

For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2014)

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash – non-interest-bearing			
	2	Savings and temporary cash investments	279,357	781,386	781,386
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less allowance for doubtful accounts ▶	0		
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments – U S and state government obligations (attach schedule) Stmt 5	3,262,536	2,641,041	2,646,302
	b	Investments – corporate stock (attach schedule) See Stmt 6	2,737,612	2,718,569	4,953,601
	c	Investments – corporate bonds (attach schedule) See Stmt 7	2,794,184	3,152,766	3,293,348
Liabilities	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 ▶			
		Less accumulated depreciation (attach sch) ▶			
	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers – see the instructions Also, see page 1, item I)	9,073,689	9,293,762	11,674,637
	17	Accounts payable and accrued expenses			
	18	Grants payable			
Net Assets or Fund Balances	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶)			
	23	Total liabilities (add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. ▶ ☐			
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ▶ ☒			
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds	9,073,689	9,293,762	
	30	Total net assets or fund balances (see instructions)	9,073,689	9,293,762	
	31	Total liabilities and net assets/fund balances (see instructions)	9,073,689	9,293,762	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	9,073,689
2	Enter amount from Part I, line 27a	2	220,072
3	Other increases not included in line 2 (itemize) ▶ See Statement 8	3	1
4	Add lines 1, 2, and 3	4	9,293,762
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30	6	9,293,762

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co.)		(b) How acquired P – Purchase D – Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a N/A				
b				
c				
d				
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss) If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 If (loss), enter -0- in Part I, line 8	3	

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

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

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

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

☐ Yes ☒ No

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2013	531,950	10,263,188	0.051831
2012	457,926	9,452,135	0.048447
2011	439,511	8,915,780	0.049296
2010	418,861	8,291,243	0.050518
2009	330,667	7,386,362	0.044767

2 Total of line 1, column (d)	2	0.244859
3 Average distribution ratio for the 5-year base period – divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0.048972
4 Enter the net value of noncharitable-use assets for 2014 from Part X, line 5	4	10,948,612
5 Multiply line 4 by line 3	5	536,175
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	1,986
7 Add lines 5 and 6	7	538,161
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.	8	552,757

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1 Date of ruling or determination letter (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☒ and enter 1% of Part I, line 27b	1	1,986
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-)	2	0
3	Add lines 1 and 2	3	1,986
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	1,986
6	Credits/Payments		
a	2014 estimated tax payments and 2013 overpayment credited to 2014	6a	1,984
b	Exempt foreign organizations – tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d	7	1,984
8	Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	2
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11	Enter the amount of line 10 to be Credited to 2015 estimated tax ☐ Refunded ☐	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? 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		X
c Did the foundation file Form 1120-POL for this year?	N/A	
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation \$ _____ (2) On foundation managers \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	N/A	X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) AL		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	X	

Stmnt 9

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► THEMAPPFAMILYFOUNDATION.ORG	13	X	
14	The books are in care of ► LOUIS E. MAPP 6054 POINT CLEAR CIRCLE	Telephone no ► 251-928-9080		
	Located at ► POINT CLEAR	AL ZIP+4 ► 36564		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the year	► 15		
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1) If "Yes," enter the name of the foreign country ►	16	Yes	No X

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

		Yes	No
1a	During the year did the foundation (either directly or indirectly)		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No		
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No		
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No		
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☒ No		
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☒ No		
(6)	Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) ☐ Yes ☒ No		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here	N/A	1b
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014?	N/A	1c
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? If "Yes," list the years ► 20 , 20 , 20 , 20 ☐ Yes ☒ No		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement – see instructions)	N/A	2b
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► 20 , 20 , 20 , 20		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No		
b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014)	N/A	3b
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?		X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions) ☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? **N/A** ☐ **5b**

Organizations relying on a current notice regarding disaster assistance check here ☐

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? **N/A** ☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945–5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **6b** ☒

If "Yes" to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? **N/A** **7b**

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
CITICORP TRUST, N.A. ONE COURT SQUARE, 29TH FLOOR	LONG ISLAND CITY NY 11120	AGENT 0.00	71,295	0
LOUIS E. MAPP P.O. DRAWER 139	POINT CLEAR AL 36564-0139	CO-TRUSTEE 1.00	0	0

2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

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

0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		0

Part IX-A Summary of Direct Charitable Activities

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

	Expenses
1 N/A	
2	
3	
4	

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

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

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

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	11,011,743
b	Average of monthly cash balances	1b	103,599
c	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	11,115,342
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	11,115,342
4	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see instructions)	4	166,730
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	10,948,612
6	Minimum investment return. Enter 5% of line 5	6	547,431

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

1	Minimum investment return from Part X, line 6	1	547,431
2a	Tax on investment income for 2014 from Part VI, line 5	2a	1,986
b	Income tax for 2014 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	1,986
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	545,445
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	545,445
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	545,445

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	552,757
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		
a	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	552,757
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	1,986
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	550,771

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				545,445
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2014				
a From 2009				
b From 2010				10,909
c From 2011				
d From 2012				
e From 2013				22,753
f Total of lines 3a through e	33,662			
4 Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ 552,757				
a Applied to 2013, 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 2014 distributable amount				545,445
e Remaining amount distributed out of corpus	7,312			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	40,974			
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 2013 Subtract line 4a from line 2a Taxable amount – see instructions				
f Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	40,974			
10 Analysis of line 9				
a Excess from 2010				10,909
b Excess from 2011				
c Excess from 2012				
d Excess from 2013				22,753
e Excess from 2014				7,312

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling ▶

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

	Tax year	Prior 3 years			(e) Total
	(a) 2014	(b) 2013	(c) 2012	(d) 2011	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test – enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test – enter 2/3 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 securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

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

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest
NONE

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

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

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed
MAPP FAMILY FOUNDATION 251-928-9080
P.O. DRAWER 139 POINT CLEAR AL 36564-0139

b The form in which applications should be submitted and information and materials they should include
APPLICATIONS AVAILABLE UPON REQUEST

c Any submission deadlines
NONE

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors
See Statement 10

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year SEE SCHEDULE ATTACHED				505,500
Total			► 3a	505,500
b Approved for future payment N/A				
Total			► 3b	

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1	Program service revenue					
a						
b						
c						
d						
e						
f						
g	Fees and contracts from government agencies					
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments			14	49	
4	Dividends and interest from securities			14	234,441	
5	Net rental income or (loss) from real estate					
a	Debt-financed property					
b	Not debt-financed property					
6	Net rental income or (loss) from personal property					
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventory			14	117,639	
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue a					
b						
c						
d						
e						
12	Subtotal. Add columns (b), (d), and (e)		0		352,129	0
13	Total. Add line 12, columns (b), (d), and (e)				352,129	352,129

(See worksheet in line 13 instructions to verify calculations)

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

[illegible]

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

- 1** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
- a** Transfers from the reporting foundation to a noncharitable exempt organization of
- (1) Cash
- (2) Other assets
- b** Other transactions
- (1) Sales of assets to a noncharitable exempt organization
- (2) Purchases of assets from a noncharitable exempt organization
- (3) Rental of facilities, equipment, or other assets
- (4) Reimbursement arrangements
- (5) Loans or loan guarantees
- (6) Performance of services or membership or fundraising solicitations
- 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.

	Yes	No
1a(1)		X
1a(2)		X
1b(1)		X
1b(2)		X
1b(3)		X
1b(4)		X
1b(5)		X
1b(6)		X
1c		X

[illegible]

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

☐ Yes ☒ No

- b If "Yes," complete the following schedule**

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

**Sign
Here**

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

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

Signature of officer or trustee

Date _____

Title

Paid
Preparer
Use Only

Print/Type preparer's name

Preparer's signature

Date _____

Check ☐ if
self-employed

J. KENNETH HANAK

04/29/15

Firm's name ► **Hanak & Wells, P.C.**

PTIN P00312104

Firm's address ► **P.O. Box 952**

Firm's EIN ▶ 63-1184019

Daphne, AL 36526-0952

Phone no **251-626-0904**

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**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

2014

Name of the organization

MAPP FAMILY FOUNDATION

Employer identification number

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

☒ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (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 Part I if additional space is needed

(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	\$ 456,578	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)
(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)

Federal Statements

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

Whom Sold	Description	Date Acquired	Date Sold	How Received		Cost	Expense	Depreciation	Net Gain / Loss
SEE SCHEDULE ATTACHED				\$	Purchase	8	\$	\$	1
SEE SCHEDULE ATTACHED					Purchase	124,692			36,319
SEE SCHEDULE ATTACHED					Purchase	74,991			5
SEE SCHEDULE ATTACHED					Purchase	895,784			81,155
SEE SCHEDULE ATTACHED					Purchase	159			159
Total				\$		1,095,475	\$	0	\$ 117,639

Statement 2 - Form 990-PF, Part I, Line 16b - Accounting Fees

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
Accounting Fees	\$ 3,844	\$	\$	\$ 3,844
Total	\$ 3,844	\$ 0	\$ 0	\$ 3,844

Statement 3 - Form 990-PF, Part I, Line 18 - Taxes

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
Taxes - Foreign Taxes on Dividen	\$ 117	\$ 117	\$	\$
Taxes - 990 PF Taxes	113	113		
Total	\$ 230	\$ 230	\$ 0	\$ 0

Federal Statements

Statement 4 - Form 990-PF, Part I, Line 23 - Other Expenses

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
Expenses	\$	\$	\$	\$
Insurance	2,250			2,250
Miscellaneous	5,336			5,336
Website Expense	180			180
Total	<u>7,766</u>	<u>0</u>	<u>0</u>	<u>7,766</u>

Statement 5 - Form 990-PF, Part II, Line 10a - US and State Government Investments

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
U.S. Treasury Bonds & Notes	\$ 862,866	\$ 516,556	Cost	\$ 521,479
U.S. Treasury Bills	2,399,670	2,124,485	Cost	2,124,823
Total	<u>3,262,536</u>	<u>2,641,041</u>		<u>2,646,302</u>

Statement 6 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
Common Equity Securities	\$ 2,737,612	\$ 2,718,569	Cost	\$ 4,953,601
Total	<u>2,737,612</u>	<u>2,718,569</u>		<u>4,953,601</u>

Federal Statements

Statement 7 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
Corporate Bonds	\$ 2,794,184	\$ 3,152,766	Cost	\$ 3,293,348
Total	\$ 2,794,184	\$ 3,152,766		\$ 3,293,348

Federal Statements**Statement 8 - Form 990-PF, Part III, Line 3 - Other Increases**

Description	Amount
ROUNDING	\$ 1
Total	\$ 1

03892 MAPP FAMILY FOUNDATION

13-7349796

FYE: 12/31/2014

Federal Statements

4/29/2015 9:14 AM

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

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

Name of Manager	Amount
NONE	\$
Total	\$ 0

Form 990-PF, Part XV, Line 2b - Application 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 2d - 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.

2014 Tax Information Statement

Page 8 of 33
Ref: 39

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:
55B055281109
Recipient's Tax ID Number:
XX-XXX9796
Payer's Federal ID Number:
13-3222685
Payer's State ID Number:
AL

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

☐ Corrected ☐ 2nd TIN notice

2014 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No. 1545-0715

Reported to the IRS is proceeds less commissions and option premiums.
Covered (Box 5 is not checked)

Description of property (Box 1a)														
Cusip Number	Date Sold or Disposed (Box 1c)	Date Acquired (Box 1b)	Form 8949 Checkbox	Proceeds (Box 1d)	Cost or Other Basis (Box 1e)	Code if any Adjustments (Box 1f)	Net Gain or Loss (Box 4)	Federal Income Tax Withheld (Box 4)	State Tax Withheld (Box 16)					
Short Term Sales Reported on 1099-B														
0.25	Halyard Health Inc													
40650V100	11/13/2014	12/05/2013	A	9.25	8.64		0.61	0.00	0.00					
Total Short Term Sales Reported on 1099-B														
				9.25	8.64		0.61	0.00	0.00					
Report on Form 8949, Part I, with Box A checked														
Long Term Sales Reported on 1099-B														
374.0	MERCK & CO INC NEW													
8933Y105	01/09/2014	10/26/2011	D	18,485.41	12,463.92		6,021.49	0.00	0.00					
300.0	PETSMART INC													
716768106	02/06/2014	05/02/2012	D	19,259.66	17,705.73		1,553.93	0.00	0.00					
700.0	TEXTRON INC													
883203101	02/06/2014	02/07/2011	D	24,597.57	19,466.86		5,130.71	0.00	0.00					
300.0	AGCO CORP													
001084102	07/11/2014	03/01/2012	D	16,048.65	15,604.32		444.33	0.00	0.00					
443.0	GENERAL ELEC CO.													
369604103	07/11/2014	02/07/2011	D	11,732.11	9,249.84		2,482.27	0.00	0.00					

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.

2014 Tax Information Statement

Page 9 of 33
Ref: 39

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: 55B055281109
Recipient's Tax ID Number: XX-XXX9796
Payer's Federal ID Number: 13-3222685
Payer's State ID Number: AL

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

☐ Corrected ☐ 2nd TIN notice

2014 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No. 1545-0715

Reported to the IRS is proceeds less commissions and option premiums.
covered (Box 5 is not checked)

Description of property (Box 1a)		Form 8949 Check box		Date		Date Sold or Disposed		Date Acquired		Proceeds (Box 1d)		Cost or Other Basis (Box 1e)		Code if any Adjustments (Box 1f)		Net Gain or Loss (Box 4)		Federal Income Tax Withheld (Box 16)	
Cusip Number		(Box 1c)	(Box 1b)	(Box 1d)	(Box 1e)	(Box 1f)	(Box 1g)	(Box 1h)	(Box 1i)	(Box 1j)	(Box 1k)	(Box 1l)	(Box 1m)	(Box 1n)	(Box 1o)	(Box 1p)	(Box 1q)	(Box 1r)	(Box 1s)
150.0	Knowles Corp																		
49926D109		07/11/2014	05/02/2012	D			4,436.90			3,159.00						1,277.90		0.00	0.00
1000.0	NASDAQ OMX GROUP INC																		
631103108		07/11/2014	10/26/2011	D			39,037.63			23,870.00						15,167.63		0.00	0.00
200.0	SYMANTEC CORP																		
871503108		07/11/2014	02/07/2011	D			4,507.90			3,660.00						847.90		0.00	0.00
300.0	ACCENTURE PLC																		
G1151C101		10/20/2014	11/16/2012	D			22,905.48			19,512.54						3,392.94		0.00	0.00
Total Long Term Sales Reported on 1099-B										161,011.31		124,692.21			0.00	36,319.10		0.00	0.00

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.

2014 Tax Information Statement

Page 10 of 33
Ref: 39

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

Account Number: 55B055281109
Recipient's Tax ID Number: XX-XXX9796
Payer's Federal ID Number: 13-3222685
Payer's State ID Number: AL

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

State: AL
☐ Corrected
☐ 2nd TIN notice

2014 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No. 1545-0715

Reported to the IRS is proceeds less commissions and option premiums.

For noncovered securities (Box 5 is checked) shown on this statement, cost basis information is not being reported to the IRS. Cost or Other Basis amounts shown with a "U" are unknown or unsubstantiated.

Description of property (Box 1a)		Date		Form 8949 Checkbox		Proceeds (Box 1d)		Cost or Other Basis (Box 1e)		Code if any (Box 1f)		Adjustments (Box 1g)		Net Gain or Loss (Box 4)		Federal Income Tax Withheld (Box 16)	
CUSIP Number	Date Sold or Disposed	Date Acquired															
Short Term Sales Reported on 1099-B																	
75000.0	UNITED STATES TREAS BILLS	03/06/14															
912796AW9	02/06/2014	12/05/2013	B			74,995.75		74,990.63				0.00		5.12		0.00	0.00
Total Short Term Sales Reported on 1099-B						74,995.75		74,990.63				0.00		5.12		0.00	0.00
Report on Form 8949, Part I, with Box B checked																	
Long Term Sales Reported on 1099-B																	
500.0	AT&T INC																
J0206R102	01/09/2014	05/07/2009	E			21,888.62		16,659.50				0.00		5,229.12		0.00	0.00
500.0	FREEPORT MCMORAN COPPER B																
35671D857	01/09/2014	09/15/2010	E			17,778.69		20,260.00				0.00		-2,481.31		0.00	0.00
326.0	MERCK & CO INC NEW																
58933Y105	01/09/2014	12/28/2009	E			16,112.95		12,141.80				0.00		3,971.15		0.00	0.00
1000.0	TARGET CORP																
87612E106	01/09/2014	11/18/2009	E			63,071.80		47,869.70				0.00		15,202.10		0.00	0.00
500.0	AT&T INC																
00206R102	02/06/2014	05/07/2009	E			15,926.22		12,815.00				0.00		3,111.22		0.00	0.00

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. For noncovered securities shown on this statement, cost basis information is not being reported to the Internal Revenue Service. The taxpayer is ultimately responsible for the accuracy of their own tax return.

2014 Tax Information Statement

Page 11 of 33
Ref: 39

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

Account Number: 55B055281109
Recipient's Tax ID Number: XX-XXX9796
Payer's Federal ID Number: 13-3222685

AL

Payer's State ID Number:

☐ Corrected ☐ 2nd TIN notice

Payer's Name and Address:
CITICORP TRUST DELAWARE, NA
C/O CITI TRUST
ONE COURT SQUARE, 19TH FLOOR
LONG ISLAND CITY, NY 11220

Reported to the IRS is proceeds less commissions and option premiums.
For noncovered securities (Box 5 is checked) shown on this statement, cost basis information is not being reported to the IRS.
Cost or Other Basis amounts shown with a "U" are unknown or unsubstantiated.

Description of property (Box 1a)		Form 8949 Check box	Date Acquired	Date Sold or Disposed	(Box 1c)	(Box 1b)	Proceeds (Box 1d)	Cost or Other Basis (Box 1e)	Code if any Adjustments (Box 1f)	Net Gain or Loss (Box 4)	Federal Income Tax Withheld (Box 16)
CUSIP Number											
1030 72	FNMA REM 2011-81 JG 3.500% 11/25/29										
3136A0RP4	02/25/2014 09/27/2011 E					1,030.72	1,084.19		0.00	-53.47	0.00
600 74	FHLMC REMIC SERIES 4.5000% 08/15/19										
31395JKR6	03/15/2014 05/14/2009 E					600.74	622.99		0.00	-22.25	0.00
1073 27	FNMA REM 2011-81 JG 3.500% 11/25/29										
3136A0RP4	03/25/2014 09/27/2011 E					1,073.27	1,128.95		0.00	-55.68	0.00
656 77	FHLMC REMIC SERIES 4.5000% 08/15/19										
31395JKR6	04/15/2014 05/14/2009 E					656.77	681.09		0.00	-24.32	0.00
120000.0	PRINCIPAL LIFE INCOM 5.1000% 04/15/14										
4254PAK8	04/15/2014 11/05/2009 E					120,000.00	125,307.60		0.00	-5,307.60	0.00
1163 52	FNMA REM 2011-81 JG 3.500% 11/25/29										
3136A0RP4	04/25/2014 09/27/2011 E					1,163.52	1,223.88		0.00	-60.36	0.00
510 08	FHLMC REMIC SERIES 4.5000% 08/15/19										
31395JKR6	05/15/2014 05/14/2009 E					510.08	528.97		0.00	-18.89	0.00
1096 25	FNMA REM 2011-81 JG 3.500% 11/25/29										
3136A0RP4	05/25/2014 09/27/2011 E					1,096.25	1,153.12		0.00	-56.87	0.00
120000.0	HEWLETT-PACKARD CO 4.7500% 06/02/14										
428236AV5	06/02/2014 05/19/2009 E					120,000.00	126,328.80		0.00	-6,328.80	0.00

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2014 Tax Information Statement

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

Account Number: 55B055281109
Recipient's Tax ID Number: XX-XXX9796
Payer's Federal ID Number: 13-3222685
State: AL

Payer's Name and Address:
CITICORP TRUST DELAWARE, NA
C/O CITI TRUST
ONE COURT SQUARE, 19TH FLOOR
LONG ISLAND CITY, NY 1120

☐ Corrected ☐ 2nd TIN notice

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Description of property (Box 1a)		Form 8949 Checkbox		Date		Date Sold or Disposed		Date Acquired		Proceeds (Box 1d)		Cost or Other Basis (Box 1e)		Code if any Adjustments (Box 1f)		Net Gain or Loss (Box 4)		Federal Income Tax Withheld (Box 16)	
CUSIP Number		(Box 1c)		(Box 1b)		(Box 1c)		(Box 1b)		(Box 1d)		(Box 1e)		(Box 1f)		(Box 4)		(Box 16)	
555.66	FHLMC REMIC SERIES 4.5000% 08/15/19																		
31395JKR6	06/15/2014 05/14/2009	E								555.66		576.24				-20.58		0.00	
1197.63	FNMA REM 2011-81 JG 3.500% 11/25/29																		
3136A0RP4	06/25/2014 09/27/2011	E								1,197.63		1,259.76				-62.13		0.00	
600.0	AFLAC INC																		
001055102	07/11/2014 11/18/2009	E								37,595.16		26,945.76				10,649.40		0.00	
350.0	EXXON MOBIL CORP																		
30231G102	07/11/2014 Various	E								35,499.47		24,602.38				10,897.09		0.00	
430.0	Pfizer Inc.																		
17081103	07/11/2014 11/18/2009	E								12,924.22		7,830.26				5,093.96		0.00	
330.0	RAYTHEON COMPANY																		
755111507	07/11/2014 05/13/2009	E								30,713.58		15,531.45				15,182.13		0.00	
1000.0	SYMANTEC CORP																		
871503108	07/11/2014 11/12/2010	E								22,539.50		17,267.20				5,272.30		0.00	
508.71	FHLMC REMIC SERIES 4.5000% 08/15/19																		
31395JKR6	07/15/2014 05/14/2009	E								508.71		527.55				-18.84		0.00	
1446.44	FNMA REM 2011-81 JG 3.500% 11/25/29																		
3136A0RP4	07/25/2014 09/27/2011	E								1,446.44		1,521.47				-75.03		0.00	

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2014 Tax Information Statement

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

Account Number: 55B055281109
Recipient's Tax ID Number: XX-XXX9796
Payer's Federal ID Number: 13-3222685

State: AL

☐ Corrected ☐ 2nd TIN notice

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

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Description of property (Box 1a)		Form 8949 Checkbox		Date		Date Sold or Disposed		Date Acquired		Proceeds (Box 1d)		Cost or Other Basis (Box 1e)		Code if any Adjustments (Box 1f)		Net Gain or Loss (Box 1g)		Federal Income Tax Withheld (Box 4)		State Tax Withheld (Box 16)	
CUSIP Number		(Box 1c)		(Box 1b)																	
542.13	FHLMC REMIC SERIES 4.5000% 08/15/19																				
31395JKR6	08/15/2014	05/14/2009	E							542.13		562.21				0.00		0.00		0.00	
1977 83	FNMA REM 2011-81 JG 3 500% 11/25/29																				
3136A0RP4	08/25/2014	09/27/2011	E							1,977.83		2,080.43				0.00		0.00		0.00	
600.41	FHLMC REMIC SERIES 4.5000% 08/15/19																				
31395JKR6	09/15/2014	05/14/2009	E							600.41		622.64				0.00		0.00		0.00	
1614.05	FNMA REM 2011-81 JG 3 500% 11/25/29																				
3136A0RP4	09/25/2014	09/27/2011	E							1,614.05		1,697.78				0.00		0.00		0.00	
449.45	FHLMC REMIC SERIES 4.5000% 08/15/19																				
31395JKR6	10/15/2014	05/14/2009	E							449.45		466.09				0.00		0.00		0.00	
250.0	INTERNATIONAL BUSINESS MACHS CORP																				
459200101	10/20/2014	Various	E							42,230.31		25,410.53				0.00		0.00		0.00	
1695.02	FNMA REM 2011-81 JG 3.500% 11/25/29																				
3136A0RP4	10/25/2014	09/27/2011	E							1,695.02		1,782.95				0.00		0.00		0.00	
155000.0	GEN ELEC CAP CORP 3.7500% 11/14/14																				
36962G4G6	11/14/2014	11/10/2009	E							155,000.00		154,734.95				0.00		0.00		0.00	
464.86	FHLMC REMIC SERIES 4.5000% 08/15/19																				
31395JKR6	11/15/2014	05/14/2009	E							464.86		482.07				0.00		0.00		0.00	

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2014 Tax Information Statement

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Ref: 39

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HANAK & WELLS PC
ATTN: J KENNETH HANAK, CPA PO BOX 952
DAPHNE, AL 36526-0952

Account Number: 558055281109
Recipient's Tax ID Number: XX-XXX9796
Payer's Federal ID Number: 13-3222685

Payer's State ID Number:
State: AL

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

☐ Corrected ☐ 2nd TIN notice

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Description of property (Box 1a)		Form 8949 Checkbox		Date		Date Sold or Disposed		Date Acquired		(Box 1c)		(Box 1b)		Proceeds (Box 1d)		Cost or Other Basis (Box 1e)		Code if any Adjustments (Box 1f)		Net Gain or Loss (Box 4)		Federal Income Tax Withheld (Box 16)	
CUSIP Number																							
90000.0	MORGAN STANLEY 4.200%																						
61747YCK9	11/20/2014	Various												90,000.00		90,111.00				0.00			
150000.0	VERIZON COMMUNICATIO	3.000%																					
92343VAY0	11/24/2014	04/19/2011												155,034.00		150,354.00				0.00			
1344.58	FNMA REM 2011-81 JG	3.500%																					
3136AORP4	11/25/2014	09/27/2011												1,344.58		1,414.33				0.00			
504.06	FHLMC REMIC SERIES 4.5000%	08/15/19																					
31395JKR6	12/15/2014	05/14/2009												504.06		522.73				0.00			
1592.33	FNMA REM 2011-81 JG	3.500%																					
136AORP4	12/25/2014	09/27/2011												1,592.33		1,674.93				0.00			
Total Long Term Sales Reported on 1099-B														976,939.03		895,784.30				0.00			

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

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2014 Tax Information Statement

MAPP FAMILY FOUNDATION

Non-Qualified U.S. Government Interest Reported as Dividends

Description	Amount of dividend
Reported on Form 1099-DIV WESTERN ASSET INST LIQUID RES	0.39
Total Reported on Form 1099-DIV	\$0.39
Total Non-Qualified U.S. Government Interest Reported as Dividends	\$0.39
Total Non-Qualified Dividends included in Form 1099-DIV box 1a	\$26.30

Capital Gain Distributions

Description	Amount of dividend
Reported on Form 1099-DIV CLASS ACTION PROCEEDS	159.04
Total Reported on Form 1099-DIV	\$159.04
Total capital gain distributions	\$159.04

Interest

MAPP FAMILY FOUNDATION
YEAR 2014
FEIN. 13-7349796

Form 990-PF, Part XV, Line 3a

NAME	RELATIONSHIP	STATUS	PURPOSE OF GRANT	AMOUNT
AFRICAN UNIVERSAL CHURCH	NONE	N/A	General Charitable Purpose	\$ 5,000.00
AIDE FOR ANIMALS	NONE	N/A	General Charitable Purpose	\$ 3,000.00
ALABAMA FREE CLINIC	NONE	N/A	General Charitable Purpose	\$ 10,000.00
ALABAMA HUNGER RELIEF	NONE	N/A	General Charitable Purpose	\$ 5,000.00
ALL ABOUT DOGS COASTAL RESCUE	NONE	N/A	General Charitable Purpose	\$ 4,000.00
ARC-BALDWIN COUNTY	NONE	N/A	General Charitable Purpose	\$ 8,000.00
BALDWIN CO. YOUTH ORCHESTRA	NONE	N/A	General Charitable Purpose	\$ 2,000.00
BALDWIN COUNTY HUMANE SOCIETY	NONE	N/A	General Charitable Purpose	\$ 8,000.00
BECKWITH-PROTESTANT EPISCOPAL CHURCH	NONE	N/A	General Charitable Purpose	\$ 10,000.00
CARE HOUSE	NONE	N/A	General Charitable Purpose	\$ 10,000.00
CHILDREN'S OF ALABAMA	NONE	N/A	General Charitable Purpose	\$ 15,000.00
CHRISTIAN SERVICE CENTER	NONE	N/A	General Charitable Purpose	\$ 5,000.00
CHRISTIAN SERVICE OF AMERICA	NONE	N/A	General Charitable Purpose	\$ 10,000.00
COMMUNITY SERVICES FOR VISION REHABILITATION	NONE	N/A	General Charitable Purpose	\$ 5,000.00
COVENANT HOSPICE	NONE	N/A	General Charitable Purpose	\$ 3,000.00
DUBARD SCHOOL FOR LANGUAGE DISORDERS AT USM	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	\$ 4,000.00
EASTERN SHORE RECOVERY FOUNDATION	NONE	N/A	General Charitable Purpose	\$ 6,000.00
ECUMENICAL MINISTRIES	NONE	N/A	General Charitable Purpose	\$ 15,000.00
EDWARDS STREET FELLOWSHIP	NONE	N/A	General Charitable Purpose	\$ 6,000.00
FAIRHOPE CAT COALITION	NONE	N/A	General Charitable Purpose	\$ 4,000.00
FAIRHOPE EDUCATIONAL FOUNDATION	NONE	N/A	General Charitable Purpose	\$ 10,000.00
GEORGE CLAYTON CANCER FUND	NONE	N/A	General Charitable Purpose	\$ 8,000.00
GREATER PINEBELT COMMUNITY FOUNDATION	NONE	N/A	General Charitable Purpose	\$ 15,000.00
HOPE CENTER INC	NONE	N/A	General Charitable Purpose	\$ 10,000.00
HOUSE OF HOPE FOR CHILDREN	NONE	N/A	General Charitable Purpose	\$ 11,000.00
LIGHT OF THE VILLAGE	NONE	N/A	General Charitable Purpose	\$ 15,000.00
LEUKEMIA & LYMPHOMA SOCIETY	NONE	N/A	General Charitable Purpose	\$ 10,000.00
MADISON COUNTIANS ALLIEND AGAINST POVERTY (MADCAAF	NONE	N/A	General Charitable Purpose	\$ 5,000.00
MITCHELL CANCER INSTITUTE	NONE	N/A	General Charitable Purpose	\$ 35,000.00
MULHERIN CUSTODIAL HOME	NONE	N/A	General Charitable Purpose	\$ 10,000.00
NORTH BALDWIN ANIMAL SHELTER	NONE	N/A	General Charitable Purpose	\$ 15,000.00
NORTH BALDWIN LITERACY COUNCIL	NONE	N/A	General Charitable Purpose	\$ 3,000.00
OZANAM CHARITABLE PHARMACY, INC	NONE	N/A	General Charitable Purpose	\$ 4,000.00
PRODISSE PANTRY	NONE	N/A	General Charitable Purpose	\$ 10,000.00
R3SM, INC	NONE	N/A	General Charitable Purpose	\$ 10,000.00
RILEIGH & RAYLEE ANGEL RIDE FOUNDATION	NONE	N/A	General Charitable Purpose	\$ 5,000.00
RUFF WILSON YOUTH ORGANIZATION	NONE	N/A	General Charitable Purpose	\$ 10,000.00
SENIOR CITIZEN'S SERVICES, INC.	NONE	N/A	General Charitable Purpose	\$ 10,000.00
SHEPHERD'S PLACE FOUNDATION	NONE	N/A	General Charitable Purpose	\$ 8,500.00
SOUTH ALABAMA VOLUNTEER LAWYERS PROGRAM	NONE	N/A	General Charitable Purpose	\$ 10,000.00
SOUTHERN PINES ANIMAL SHELTER	NONE	N/A	General Charitable Purpose	\$ 8,000.00
STRAY LOVE FOUNDATION	NONE	N/A	General Charitable Purpose	\$ 6,000.00

MAPP FAMLY FOUNDATION
YEAR 2014
FEIN 13-7349796

Form 990-PF, Part XV, Line 3a

NAME	RELATIONSHIP	STATUS	PURPOSE OF GRANT	AMOUNT
THE EXCEPTIONAL FOUNDATION	NONE	N/A	General Charitable Purpose	\$ 10,000.00
THE PHILADELPHIA PRISON MINISTRY	NONE	N/A	General Charitable Purpose	\$ 8,000.00
THE SALVATION ARMY-COASTAL ALABAMA	NONE	N/A	General Charitable Purpose	\$ 20,000 00
THE SHOULDER	NONE	N/A	General Charitable Purpose	\$ 10,000.00
THOMAS HOSPITAL FOUNDATION	NONE	N/A	General Charitable Purpose	\$ 25,000 00
UNDER HIS WINGS	NONE	N/A	General Charitable Purpose	\$ 6,000.00
VICTORY HEALTH PARTNERS	NONE	N/A	General Charitable Purpose	\$ 10,000.00
WEEKS BAY FOUNDATION	NONE	N/A	General Charitable Purpose	\$ 5,000 00
WILLIAM CAREY UNIVERSITY	NONE	N/A	General Charitable Purpose	\$ 15,000.00
WILMER HALL	NONE	N/A	General Charitable Purpose	\$ 10,000 00
YOUNG LIFE EASTERN SHORE	NONE	N/A	General Charitable Purpose	\$ 5,000.00
TOTAL				\$ 505,500.00