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Form **990-PF**

Department of the Treasury Internal Revenue Service

EXTENDED TO AUGUST 17, 2015

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.

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

OMB No 1545-0052

For	caler	ndar year 2014 or tax year beginning		, and ending		
Na	me b	foundation		·	A Employer identificatio	n number
		ES CHARITABLE FOUNDATIO			26-3950935	5
Nur	nber a	and street (or PO box number if mail is not delivered to stree	t address)	Room/suite	B Telephone number	
		BOX 1765			251-928-88	313
City	y or t	own, state or province, country, and ZIP or foreign j	postal code		C If exemption application is	pending, check here
_ <u>M</u>	<u>IOB</u>	ILE, AL 36633	· · · · · · · · · · · · · · · · · · ·		1	
G (Check	k all that apply: Initial return	initial return of a fo	rmer public charity	D 1. Foreign organization	s, check here
		Final return	Amended return		2. Foreign organizations m	esting the 85% test
		Address change	Name change		Foreign organizations m check here and attach c	omputation Distriction
H (c type of organization: X Section 501(c)(3) e			E If private foundation sta	
		ection 4947(a)(1) nonexempt charitable trust	Other taxable private founda		under section 507(b)(1)(A), check here . \triangleright
-		· 1	ing method: X Cash	Accrual	F If the foundation is in a	
		Part II, col. (c), line 16)	Other (specify)		under section 507(b)(1)(B), check here
	- \$	85, 976 . (Part I, Coll	umn (d) must be on cash b		 	(4) -
P	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes
	١.	necessarily equal the amounts in column (a)				(cash basis only)
	1	Contributions, gifts, grants, etc., received	5,000.		N/A	1 1
	2	Check [If the foundation is not required to attach Sch. 8 interest on savings and temporary cash investments	47	47.	 	Omá mparazm 1
	3		47.	473.	 	STATEMENT 1
	4	Dividends and interest from securities	4/3.	4/3.		STATEMENT 2
	1	Gross rents			 	· · · · · · · · · · · · · · · · · · ·
] ~	Net rental income or (loss)	110.		ļ	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ē	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 110.	110.		1	The state of the s
Revenue	_b	assets on line 6a		110.	THE STATE OF THE S	101
₽ĕ.	7	Capital gain net income (from Part IV, line 2)		110.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1901
	8	Net short-term capital gain			100	
	9	Income modifications Gross sales less returns			AUG U SOU	
	10a				To the list	113
	l .	Less Cost of goods sold Gross profit or (loss)				
	11	Other income			Walter Street	-
	12	Total. Add lines 1 through 11	5,630.	630.		
-	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
	14	Other employee salaries and wages				- ·
	15	Pension plans, employee benefits				
es	400	Legal fees				
ens	Ь	Accounting fees				
쫎	c	Other professional fees STMT 3	75.	75.		0.
_ <u> </u>	17	Interest				
rati 🧏	18	Taxes				
햧	19	Depreciation and depletion				
Ē	20	Occupancy				
₹ ₽	21	Travel, conferences, and meetings				
3 5	22	Printing and publications				
ξĝ	23	Other expenses STMT 4	1,540.	1,540.		0.
Operating and Administrative Expense	24	Total operating and administrative		_	1	
pe (1	expenses. Add lines 13 through 23	1,615.	1,615.		0.
	25	Contributions, gifts, grants paid	3,500.		ļ	3,500.
	26	Total expenses and disbursements.			}	
	<u> </u>	Add lines 24 and 25	5,115.	1,615.		3,500.
	27					l:. * \(\frac{1}{2}\)
	ı	Excess of revenue over expenses and disbursements	515.		<u> </u>	, 20
	ì	Net investment income (if negative, enter -0-)		0.		~
	C	Adjusted net income (if negative, enter -0-)	<u> </u>		N/A	الخيوم المستحدث المستحدث

LHA For Paperwork Reduction Act Notice, see instructions.

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Form **990-PF** (2014)

SYKES CHARITABLE FOUNDATION

Form 990-PF (2014)

		IARITABLE FO						<u> 26-395(</u>	0935	Page 3
• (a) List and desc	ribe the kir	nd(s) of property sold (e.g. or common stock, 200 shs	, real estate,		(b) H	low acquired - Purchase - Donation		acquired day, yr.)	(d) Dat (mo., da	e sold ay, yr.)
1a CAPITAL GAINS	DIVIL	ENDS								
_c					<u> </u>					
<u>d</u>					<u> </u>					
<u>e</u>					Ц,		_			
(e) Gross sales price	(f) D	epreciation allowed (or allowable)		st or other basis expense of sale				Gain or (loss) is (f) minus (g	1)	
<u>a</u> 110.					\dashv					110.
<u>b</u>			·							
		····								
<u>d</u>										
Complete only for posets showing	2 2010 10 0	olumn (h) and owned by	ho foundation	0.00.10/01/00						
Complete only for assets shown								Col. (h) gain n not less than		
(i) F.M.V. as of 12/31/69) Adjusted basis as of 12/31/69		cess of col. (ı) col. (ı), ıf any	ļ	CO	Losses	(from col. (h))	
				00.1 ()), 1. 0.1.)						110
<u>a</u>					-					110.
<u>b</u>					_					
d					-	·				
<u>. u</u>										
		C If any also enter	ın Dart I lina		$\overline{}$			 -		
2 Capital gain net income or (net ca		If gain, also enter If (loss), enter -0-	ın Part I, line		}	2				110.
3 Net short-term capital gain or (los if gain, also enter in Part I, line 8,			d (6):							
If (loss), enter -0- in Part I, line 8				<u> </u>		3		N/A		
<u></u>		ection 4940(e) for					ome			
(For optional use by domestic private	foundation	ns subject to the section 4	940(a) tax on	ı net investment in	come	.)				
If section 4940(d)(2) applies, leave ti	nis part blai	nk.								
								_		
Was the foundation liable for the sec					lou?			L	Yes	X No
If "Yes," the foundation does not qual										
1 Enter the appropriate amount in (ach colum		structions be	fore making any ei			_т			
(a) Base period years		(b) Adjusted qualifying disti	ributions	Net value of no	(C) nchari	ataass asu-aldst	Į.	Dıstribui (col. (b) dıvid	d) tion ratio	
Calendar year (or tax year beginnii	ng in)			NCT VAIDE OF HO	IICIIAII			(col. (b) divid		
2013 2012			2,500. 9,805.			86,262 85 448		 -		8981
2012			1,359.			85,448 70,246				<u>.4748</u> .9346
2010			7,561.			60,926				8235
2009		<u></u>	0.			54,884				0000
						_ 5 = 7 0 0 =	•		• 00	70000
2 Total of line 1, column (d)							2		. 45	1310
3 Average distribution ratio for the	5-year base	period - divide the total o	n line 2 by 5.	or by the number	of vea	ırs	-			71310
the foundation has been in exister	=	·	,		,		3		. 09	0262
		-								
4 Enter the net value of noncharitab	le-use asse	ets for 2014 from Part X, I	пе 5				4		82,	283.
										
5 Multiply line 4 by line 3							5		7,	427.
6 Enter 1% of net investment incom	ie (1% of P	art I, line 27b)					6			0.
7 Add lines 5 and 6							7	_	יד	427.
	B									
8 Enter qualifying distributions from							8		3,	<u>500.</u>
If line 8 is equal to or greater than	line 7, che	ck the box in Part VI, line	1b, and comp	lete that part using	g a 1%	tax rate.				
See the Part VI instructions.		······		<u></u>		···········			m 990-E	F (2014)
123521 11-24-14								LOI	ショリード	. (/() 141

_	m 990-PF (2014) SIRES CHARTTABLE FOUNDATION THE STATES CHARTTABLE FOUNDATION THE STATES CHARTTABLE FOUNDATION TO STATE STATES CHARTTABLE FOUNDATION	<u> 4049</u>	<u>-395</u> (093) 4	Page 4
	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948	- see	ınstr	uctio	ns)
1	a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.	1	· ·			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	-	-	- '	٠.	
1	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1	 . 			0.
	of Part I, line 27b			ŗ	,	
(e 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	-			<u> </u>
3	Add lines 1 and 2	3	——			0.
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	 			0.
6	Credits/Payments:	1	1			
	2014 estimated tax payments and 2013 overpayment credited to 2014	_	1	2		,
	Exempt foreign organizations - tax withheld at source 6b	╛		•		4
	Tax paid with application for extension of time to file (Form 8868)	_	" -			
	Backup withholding erroneously withheld	↓ .	534			، مقد،
7	Total credits and payments. Add lines 6a through 6d	7	ļ			0.
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				0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	<u> </u>			
	Enter the amount of line 10 to be: Credited to 2015 estimated tax	11	<u> </u>			
_	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 intervent	ın 💮			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 publish	ed or		. ** 14	31.0	,
	distributed by the foundation in connection with the activities.			3	\$	
	Did the foundation file Form 1120-POL for this year?			10		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			9	***	1
	(1) On the foundation. ► \$ O . (2) On foundation managers. ► \$ O .	-		·	1 100	ų.
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				4	
	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)r		·	* ,	-
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		<u>X</u> _
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		<u>X</u> _
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b		
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.			· `	<u>,</u>	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				,	l'. s. '
	By language in the governing instrument, or			1.15	F 0	13.
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	law	I			ا معنوا
	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	
				, `		. 1.1
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					١, ١
	AL			, ,	· 35	.
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)		_		أنبار	. 5
	of each state as required by General Instruction G? If "No," attach explanation		İ	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 cale	ndar		, ,	,A	ا ألد:
	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		X
0	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10	X	

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	n 990-PF (2014) SYKES CHARITABLE FOUNDATION 26-395	<u>0935</u>	1	Page 5
Pa	art 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	l	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ► LAWRENCE & LAWRENCE, PC Telephone no. ► 251-4	76-70	685	
•	Located at ► 316 BEL AIR BLVD, MOBILE, AL ZIP+4 ►3			
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	N	/A	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X_
	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	10,1		
	foreign country			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<u> </u>	<u> 1 </u>	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
10	During the year did the foundation (either directly or indirectly):	7,5	• • •	Ne.
16	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No		ا بي د ا	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		· * '	\$
	a disqualified person?	1.6.5	i.	*
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1. }		1
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1 - 1	2	
	(5) Transfer any income or assets to a disqualified person (or make any of either available	\$ 15 m	·	i
	for the benefit or use of a disqualified person)?	2 2	ا. ع	:
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	1 1/	· .	ا 'د
	if the foundation agreed to make a grant to or to employ the official for a period after	'	:	, e
	termination of government service, if terminating within 90 days.) Yes X No	- ,		1
	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1.		ing.
U		1 [-	` `
		1b		×1
_	Organizations relying on a current notice regarding disaster assistance check here	. 3	*	٠.,
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		· - -	-4 A
_	before the first day of the tax year beginning in 2014? There are follows to distribute process (costion 4042) (does not apply for years the foundation was a projets applying a projets applying the distribute process.	lc		<u>X</u> _
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)):	1 1:	3 1	
а	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? Yes X No		<u> </u>	
		,	·].	,
	If "Yes," list the years \(\bigs_{} \),	1 1	1	ì
D			ł	·\$`,
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	\ <u>-</u> . \	- {	<i>/</i> *.
	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.	1 , [むす	
_	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	1	ا ۽	. ,
За		1 : 1	<u>*</u>	ا _ ا
	during the year? Yes X No	1. 3/2	** • · · · · · · · · · · · · · · · · · ·	ત્વ ન
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		- '4	٠,
	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,	s*	-	1.2
_	Form 4720, to determine if the foundation had excess business holdings in 2014.) N/A	3b		77
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	: '	*	431." T
	TROUGH DEED LEGICIVED HODD RECORDLY DEFORE HIS DISTURY OF THE MAX VERI DECIDIONIC ID 201447	1 Ah 1	1	X

Form 990-PF (2014) SYKES CHARITABLE FOUNDAT Part VII-B Statements Regarding Activities for Which		Poguirod/	26-39509	935 Page €
5a During the year did the foundation pay or incur any amount to:	OTH 4120 Way De	nequit ed (contil	nuea)	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e\\?		es X No	, , , , , , , , , , , , , , , , , , ,
(2) Influence the outcome of any specific public election (see section 4955); of	. ,,		22,110	·
any voter registration drive?	or to carry on, an ootly or man		es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	s?		es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization				
4945(d)(4)(A)? (see instructions)		П	es X No	. Sup
(5) Provide for any purpose other than religious, charitable, scientific, literary,	, or educational purposes, or	• —		, F
the prevention of cruelty to children or animals?	,		es X No	, ' ", · · · · ·
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni	der the exceptions described			-1 4
section 53.4945 or in a current notice regarding disaster assistance (see instru	-	· ·	N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	nere	•		`g, 1
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	rom the tax because it mainta	ined .	}	
expenditure responsibility for the grant?	ľ	1/A 🔲 Y	es 🔲 No 📙	3. 1 Just 12. 14.
If "Yes," attach the statement required by Regulations section 53.494			,	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		Ľ	
a personal benefit contract?		Y	es 🗶 No 🖁	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?	• —		6b X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Y	es X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu	table to the transaction?		N/A	7b
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	nagers, Highl	у	
1 List all officers, directors, trustees, foundation managers and their	compensation.			
(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 deterred compensation	(e) Expense account, other allowances
THOMAS F. SYKES	TRUSTEE	1	- Compandadon	unovanos
P.O. BOX 1038				
POINT CLEAR, AL 36564	0.00	0.	0.	0.
BRENDA W. SYKES	TRUSTEE			
P.O. BOX 1038			1	
POINT CLEAR, AL 36564	0.00	<u> </u>	0.	0.
		Į.		
	<u> </u>			
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions in	
(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				
			· - ·	
		1		
		[
		 		
		Į į		
]		
		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
Total number of other employees paid over \$50,000				0

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	on Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "I	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		•
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistica number of organizations and other beneficiaries served, conferences convened, research papers produc	I information such as the ed, etc.	Expenses
1 N/A		
		1
		<u> </u>
2		
		
3		4
		-
4		
4		1
		1
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on line	es 1 and 2.	Amount
1 <u>N/A</u>		ļ
		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	>	0

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

income. Enter 1% of Part I, line 27b

а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	
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:	,	
ā	Sultability 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	,
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		

Adjusted qualifying distributions. Subtract line 5 from line 4

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

Form **990-PF** (2014)

3,500.

3,500.

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,	os, po	reare prior to 2010	2010	
line 7				· · · · · · · · · · · · · · · · · · ·	4,114.
2 Undistributed income, if any	i			0.	
a Enter amount for 2013 o	only -			U •	(pe
b Total for prior years:			0.		11 A ST PE
3 Excess distributions car	rvover, if any, to 2014:		0.		
a From 2009	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
b From 2010	8,013.				
c From 2011	- 070201			- , ,	2 10r
d From 2012	5,573.				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
e From 2013	37373			!	
f Total of lines 3a through	1.6	13,586.			
4 Qualifying distributions t					A STATE OF THE PARTY OF THE PAR
Part XII, line 4: ► \$,	
a Applied to 2013, but not				0.	
b Applied to undistributed	1 -				
years (Election required	· l		0.		
c Treated as distributions					1 11
(Election required - see i	•	0.			
d Applied to 2014 distribut		······································	· · · · · · · · · · · · · · · · · · ·	,	3.500.
e Remaining amount distri	1	0.			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5 Excess distributions carryove	["	614.		4	614.
(If an amount appears in columust be shown in column (a)	mn (d), the same amount				4 68
6 Enter the net total of ear indicated below:	ch column as				
& Corpus Add lines 3f, 4c, and	4e Subtract line 5	12,972.			
b Prior years' undistributed	d income. Subtract				
line 4b from line 2b			0.		1 - 1
c Enter the amount of prio	r years'				(og
undistributed income for deficiency has been issu	which a notice of ed, or on which				
the section 4942(a) tax h			_		
assessed	<u> -</u> -		0.		, , , , , , , , , , , , , , , , , , ,
d Subtract line 6c from line	e 6b. Taxable		_		ا خیدجد و و
amount - see instruction			0.		
e Undistributed income for				_	
4a from line 2a. Taxable				0.	
f Undistributed income for		ļ			
lines 4d and 5 from line	1. This amount must				
be distributed in 2015					
7 Amounts treated as distr	1	ľ			
corpus to satisfy require	ì		ļ	{	, Ar
section 170(b)(1)(F) or 4					17
may be required - see ins		0.			- 96 /2
8 Excess distributions carr					T 30 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
not applied on line 5 or li		0.			ا <u>کا یہ بہر کی کی بہر کی کا بہر ہوں۔</u> ایر میں میں میں میں میں کا ایر کا
9 Excess distributions car		12 072			
Subtract lines 7 and 8 fro	om line ba	12,972.			
10 Analysis of line 9:	7 200			1	The second secon
a Excess from 2010	7,399.			1	
b Excess from 2011	5,573.				一人,称《影響》
c Excess from 2012	5,513.	}			ا المراكز و الموسوع و أرواه و المراكز و عربي الروان على أرواه و أراكز
d Excess from 2013 e Excess from 2014			'		
423581 11-24-14		_ 			Form 990-PF (2014)

	CHARITABLE F		·		950935 Page 10
Part XIV Private Operating I	-oundations (see in	structions and Part V	II-A, question 9)	N/A	
1 a If the foundation has received a ruling	or determination letter tha	t it is a private operating	}		
foundation, and the ruling is effective f	or 2014, enter the date of	the ruling	▶		
b Check box to indicate whether the four	idation is a private operati	ng foundation described	ın section	4942(J)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
investment return from Part X for					
each vear 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			<u> </u>		
used directly for active conduct of		1	1	Ì	
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.			1		
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		<u> </u>	 	 	
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					ļ
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 Info			if the foundation	n had \$5,000 or m	ore in assets
at any time during	the year-see insti	ructions.)			
1 Information Regarding Foundation					
a List any managers of the foundation where year (but only if they have contributed in the contributed in			tributions received by the	foundation before the clo	se of any tax
SEE STATEMENT 7	, , , , , , , , , , , , , , , , ,				
b List any managers of the foundation wh	o own 10% or more of th	a ctack of a corporation	for an aqually large part	on of the average of a	
other entity) of which the foundation ha	is a 10% or greater intere	st.	(or all equally large porti	on or the ownership or a p	arthership or
NONE	. <u> </u>				
2 Information Regarding Contribut					
Check here 🕨 🗓 if the foundation of	only makes contributions	to preselected charitable	organizations and does	not accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc.	(see instructions) to indiv	viduals or organizations i	inder other conditions, c	omplete items 2a, b, c, and	l d
a The name, address, and telephone num	iber or e-mail address of t	the person to whom appl	ications should be addre	ssed:	
b The form in which applications should l	pe submitted and informa	tion and materials they s	hould include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields,	kinds of institutions, or	other factors:	
					5 000 DE 100 1 11

3 Grants and Contributions Paid During the Ye	ear or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
FAIRHOPE COMMUNITY CHURCH		RELIGIOUS	OPERATING FUND	
329 S. GREENO ROAD		ORGANIZATION		
FAIRHOPE, AL 36532				1,000
WOMEN'S MEDICAL CARE CENTER			OPERATING FUND	
P.O. BOX 1610		HEALTHCARE		
ROBERTSDALE AL 36567				2,500.
Total			▶ 3a	3 500
b Approved for future payment				
NONE				
	i			
Total			▶ 3b	0.
			Fo	rm 990-PF (2014)

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated I	ousiness income	Exclu	ded by section 512, 513, or 514	(a)
enter gross amounts unless otherwise molcated.	(a) Business	(b)	(c) Exclu- sion	(d)	(e) Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a	_				
b	_		ļ		
C	_				
d					
e	_		ļ . <u>. </u>		
f	_				
g Fees and contracts from government agencies					
2 Membership dues and assessments	-		-		
3 Interest on savings and temporary cash			اما		
investments			14	47.	
4 Dividends and interest from securities		<u></u>	14	473.	
5 Net rental income or (loss) from real estate:			<u> </u>		
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			1	440	
than inventory	 		18	110.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a	1 1				
b	1				
c	1 1				
d	- -				
e 12 Subtotal. Add columns (b), (d), and (e)	_	U.	 	630.	
13 Total. Add line 12, columns (b), (d), and (e)	<u> </u>		<u> </u>	13	0. 630.
(See worksheet in line 13 instructions to verify calculations.)				
Line No. Explain below how each activity for which in the foundation's exempt purposes (other the			contrib	uted importantly to the accomp	lishment of
423621 11-24-14					Form 990-PF (2014

	•	Exempt Organ	izations						
1	Did the o	organization directly or indi	rectly engage in any	of the follows	ng with any other organization	described in section 501(c) of		Yes	No
		•			27, relating to political organiz	zations?	ļ		
а	Transfer	s from the reporting found	ation to a noncharita	ible exempt or	ganization of:		ت		,
	(1) Casl	h					1a(1)		X
	(2) Othe	er assets					1a(2)	<u></u>	X
b		nsactions:							_ :
		s of assets to a noncharita				••	1b(1)		X
		chases of assets from a no		organization			1b(2)		X
		tal of facilities, equipment,					1b(3)		X
		nbursement arrangements					1b(4)		X
	• •	ns or loan guarantees					1b(5)		X
	· ·	ormance of services or me				•	1b(6)		X
	_	of facilities, equipment, ma					1c	-4-	<u>X</u>
đ						ays show the fair market value of the goods, an any transaction or sharing arrangement, :		ets,	
		d) the value of the goods,			eu 1633 man ian market value	sin any transaction of Stialing attailgement,	MOW III		
211	on eni	(b) Amount involved			e exempt organization	(d) Description of transfers, transactions, and	eharing ar	angeme	
-,-	11.6 1.0	\D/\tag{\begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(0)	N/A		(C) Description of margines, margaritons, and	312119 21	angonic	
	-+			21/ 22					
-									
					· · · · · · · · · · · · · · · · · · ·				
2a					or more tax-exempt organiza	ations described			_
		501(c) of the Code (other)(3)) or in sect	ion 527?	L	Yes	X] No
b	If "Yes," c	omplete the following sche	edule.		(1) T (
		(a) Name of org	anization		(b) Type of organization	(c) Description of relations	пр		
		N/A							
									
									
	Under	penalties of periury. I declare t	that I have examined the	s return, includin	o accompanying schedules and st	tatements, and to the best of my knowledge			
Sig	l and h					tion of which preparer has any knowledge May	the IRS di	prepare	er .
Нę	re	Brend-	41 1	مم	1/24/15	sho	wn below (see inst	7
	Sign	nature of officer or trustee	<u> </u>		Date	Title	¥ Yes		No
		Print/Type preparer's na	ime	Prepager's si		Date Check If PTIN			
		CHRISTOPHE		111	Δ	self- employed			
Pa	id	PATTERSON,	CPA	/ IM	11/4/	/h-1/	1643	309	
Pre	parer	Firm's name ► LAW		AWRENC	E,/PC	Firm's EIN ► 63-06			
	e Only		-		-77-				
		Firm's address ▶ P .	O. BOX 16	0387					
)	BILE, AL		1387	Phone no. (251)	476-	-768	85
							rm 990		
						• •		٠,	,

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.lrs.gov/form990

OMB No 1545-0047

Employer identification number

S	KES CHARITABLE FOUNDATION	26-3950935					
Organization type (check of	ne):						
Filers of:	Section:						
Form 990 or 990-EZ	501(c)() (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
Check if your organization is	s 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 R	ule. See instructions.					
General Rule							
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributo						
Special Rules							
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% 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 **Supplies to the contribution 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 **Supplies to the contribution 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							
but it must answer "No" on certify that it does not meet	nat is not covered by the General Rule and/or the Special Rules does not file Schedule Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its F the filling requirements of Schedule B (Form 990, 990-EZ, or 990-PF). Ction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule I	orm 990-PF, Part I, line 2, to					

Employer identification number

SYKES CHARITABLE FOUNDATION

26-3950935

<u>Sikes</u>	CHARITABLE FOUNDATION		7-3950935
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	THOMAS AND BRENDA SYKES P.O. BOX 1038 POINT CLEAR, AL 36564	\$\$,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person Payroll Oncash 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.)

Employer identification number

SYKES CHARITABLE FOUNDATION

26-3950935

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		s					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		\$					
(ā) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		*					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		 \$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
23453 11-05-1		\$	90 990-F7 or 990-PF) (2014)				

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Name of organization Employer identification number Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc. contributions of \$1000 miles. CHARITABLE FOUNDATION Part III Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (c) Use of gift (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. fŕom (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (c) Use of gift (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF INTERE	ST ON SAVI	NGS AND TEN	IPORARY	CASH IN	VESTMENTS	STATEMENT	1
SOURCE		REVE	(A) REVENUE PER BOOKS		(B) IVESTMENT ICOME	(C) ADJUSTED NET INCOME	
INTEREST INCOME		47.		47.			
TOTAL TO PART I, LI	NE 3		47.		47.		
FORM 990-PF	DIVIDEND	S AND INTER	REST FR	OM SECUR	RITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	CAPITAI GAINS DIVIDENI	R OS PE	(A) EVENUE R BOOKS	(B) NET INVES MENT INCO	(C) T- ADJUSTI ME NET INCO	
DIVIDEND INCOME	110 243		0.	0. 243.		0.	
INCOME	230	·	0.	230.	23	0.	
TO PART I, LINE 4	583	. 11	.0.	473.	47	3.	
FORM 990-PF	O ^r	THER PROFES	SIONAL	FEES		STATEMENT	3
DESCRIPTION		EXPENSES	NET II	NVEST-	(C) ADJUSTED NET INCOM	CHARITAI	
INVESTMENT ACCOUNT	FEES	75.	-	75.			0.
TO FORM 990-PF, PG	1, LN 16C	75.		75.			0.

FORM 990-PF	OTHER E	XPENSES	ES			STATEMENT 4	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME					
CHANGE IN INVESTMENTS	1,540.	1,	540.				0.
TO FORM 990-PF, PG 1, LN 23	1,540.	1,540.			0.		
FORM 990-PF	CORPORAT	E STOCK			STATE	MENT	5
DESCRIPTION			вос	K VALUE	FAIR I	MARKET LUE	ר
BEHRINGER HARVARD MULTIFAMILY	Y			18,520.		18,52	20.
TOTAL TO FORM 990-PF, PART II	I, LINE 10B			18,520.		18,52	20.
FORM 990-PF	OTHER INV	ESTMENTS			STATE	MENT	6
DESCRIPTION		LUATION ETHOD	вос	K VALUE	FAIR 1 VAI		ŗ
TNP 2008 PARTICIPATING NOTES FEDERAL CAPITAL RESERVE		F'MV FMV	25,000. 0.		25,000		0.
TOTAL TO FORM 990-PF, PART II	I, LINE 13			25,000.		25,00	10.
FORM 990-PF	PART XV - LI OF FOUNDATION		PD C		STATE	MENT	7

NAME OF MANAGER

THOMAS F. SYKES BRENDA W. SYKES

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 .

OMB No. 1545-1709

• If you	are filing for an Automatic 3-Month Extension, comple	ete only Pa	art I and check this box			► [X]	
• If you a	are filing for an Additional (Not Automatic) 3-Month Ex	ctension, c	complete only Part II (on page 2 of	this form).		
Do not co	omplete Part II unless you have already been granted	an automa	atic 3-month extension on a previous	sly filed F	orm 8868.		
Electron	ic filing (e-file) . You can electronically file Form 8868 if	you need a	a 3-month automatic extension of tir	ne to file	(6 months for a corp	oration	
required	to file Form 990-T), or an additional (not automatic) 3-mo	nth exten	sion of time. You can electronically f	file Form 8	3868 to request an e	extension	
of time to	file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	Transfers	Associated With Ce	ertain	
Personal	Benefit Contracts, which must be sent to the IRS in page	oer format	(see instructions). For more details	on the ele	ctronic filing of this	form,	
	v.irs.gov/efile and click on e-file for Charities & Nonprofits						
Part I	Automatic 3-Month Extension of Time						
	ation required to file Form 990-T and requesting an auto	matic 6-mo	onth extension - check this box and	complete			
Part I onl					>	• 📖	
	corporations (including 1120-C filers), partnerships, REN ome tax returns.	fiCs, and t	rusts must use Form 7004 to reques				
	T-11				er's identifying nui		
Type or	Name of exempt organization or other filer, see instru	ictions.		Employe	er identification num	ber (EIN) or	
print	armed dispersion to the second						
File by the	SYKES CHARITABLE FOUNDATION		-	ļ	26-3950935		
due date for filing your	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	Social s	ecurity number (SSI	4)	
return See	P.O. BOX 1765		 	l			
instructions	City, town or post office, state, and ZIP code For a fe	oreign add	fress, see instructions.				
	MOBILE, AL 36633						
	D. A. C. Alice and the Admin configuration of facilities						
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 4	
		T	T				
Applicati	on	Return	Application			Return	
Is For		Code	Is For C				
Form 990 or Form 990-EZ 01 Form 990-T (corporation)						07	
Form 990		02	Form 1041-A				
	0 (individual)	03	Form 4720 (other than individual)			09	
Form 990		04	Form 5227		- 	10	
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990	-T (trust other than above)	06	Form 8870			12	
	LAWRENCE & LAW		•				
	poks are in the care of \triangleright 316 BEL AIR BLY	<u>ו – עי</u>					
•	one No. ► 251-476-7685		Fax No.				
	organization does not have an office or place of business						
	s for a Group Return, enter the organization's four digit						
	. If it is for part of the group, check this box				ers the extension is	for.	
	quest an automatic 3-month (6 months for a corporation AUGUST 15, 2015, to file the exemp						
		t organiza	tion return for the organization name	ed above.	The extension		
	or the organization's return for: $\overline{\mathbf{X}}$ calendar year 2014 or						
			d and				
	tax year beginning	, an	a enaing		 '		
0 16+6	e tax year entered in line 1 is for less than 12 months, c	book rose	on: Initial return	Final retur			
2 If th	Change in accounting period	HECK IEdo	on mida retum r	-ınaı retur	n		
20 lf +b		or 6060	anter the tentative tay less any		 		
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	
The state of the s					0.		
					Λ		
	ance due. Subtract line 3b from line 3a. Include your pa			3b_	\$	0.	
	using EFTPS (Electronic Federal Tax Payment System).		•	0-	.	0.	
	If you are going to make an electronic funds withdrawal			153 50 o	nd Form 0070 50 (-		
instruction.		taneor de	on, wan and roun bood, see Foill o	+JJ·EU al	10 COIII 00/3-EO 10	ı payınent	