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## Form **990-PF**

### **Return of Private Foundation**

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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.

Name of foundation  DON WAGGONER & ZELMA WAGGON			A Employer identification	on number		
DON WAGGONER & ZELMA WAGGON			A Employer identification number			
	NER FOUNDATION	ON	65-614163	2		
Number and street (or P O box number if mail is not delivered to street a	ddress)	Room/suite	B Telephone number			
1252 GORDON RIVER TRAIL N.			239-263-2			
City or town, state or province, country, and ZIP or foreign pos NAPLES, FL 34105	stal code		C If exemption application is	pending, check here		
G Check all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizatio	ns check here		
Final return	Amended return	The public onarty	1. Foreign organizatio	113, 0110011 11010		
Address change	Name change		2 Foreign organizations r check here and attach	neeting the 85% test, computation		
H Check type of organization: X Section 501(c)(3) exe			E If private foundation s			
Section 4947(a)(1) nonexempt charitable trust 0	ther taxable private founda	tion	under section 507(b)(			
I Fair market value of all assets at end of year   J   Accounting	g method: X Cash	Accrual	F If the foundation is in	a 60-month termination		
(from Part II, col (c), line 16)	er (specify)		under section 507(b)(	1)(B), check here		
5 7,072,450. (Part I, column				/d\ p\		
Part   Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(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	2,000,000.		N/A			
2 Check 11 the foundation is not required to attach Sch B Interest on savings and temporary	30 553	20 502		CMA MERCENTO 1		
cash investments	30,573.	30,573. 102,769.		STATEMENT 1 STATEMENT 2		
4 Dividends and interest from securities 5a Gross rents	104,769.	102,709.	<del></del>	SIMIEMENI 4		
b Net rental income or (loss)				<del></del>		
63 Not goin or (loss) from colo of consts not on line 10	200,776.	<del></del>	_			
b Gross sales price for all 1,642,307.						
b Gross sales price for all 1,642,307.  Capital gain net income (from Part IV, line 2)		200,776.				
8 Net short-term capital gain						
9 Income modifications Gross sales less returns						
10a and allowances		<del></del> -				
D Less Cost of goods sold				<del> </del>		
c Gross profit or (loss)  11 Other income  12 Total. Add lines 1 through 11  13 Compensation of officers, directors, trustees, etc  14 Other employee salaries and wages	165.	165.		STATEMENT 3		
12 Total. Add lines 1 through 11	2,334,283.	334,283.				
( ) 13 Compensation of officers, directors, trustees, etc	0.	0.		0.		
14 Other employee salaries and wages						
15 Pension plans, employee benefits						
% 16a Legal fees STMT 4	1,125.	0.		0.		
b Accounting fees STMT 5 c Other professional fees STMT 6	7,915. 74,135.	3,958. 56,735.		2,900.		
c Other professional fees STMT 6	/4,133.	50,733.		2,300.		
18 Taxes STMT 7	5,967.	505.		0.		
19 Depreciation and depleted VED	54.	0.				
E 20 Occupancy	4,800.	0.		0.		
21 Travel Conferences, and meetings	1,538.	0.		0.		
E 22 Printing and publications 2015						
23 Other expenses STMP 8	602.	0.		0.		
24 Total operating and administrative expenses Add lines 13 through 23	96,136.	61,198.		2,900.		
expenses Add lines 13 through 23	90,933.	01,190.		90,933.		
26 Total expenses and disbursements.			<del> </del>			
Add lines 24 and 25	187,069.	61,198.		93,833.		
27 Subtract line 26 from line 12:						
Excess of revenue over expenses and disbursements	2,147,214.					
b Net investment income (if negative, enter -0-)		273,085.	<del></del>			
c Adjusted net income (if negative, enter -0-) 423501 11-24-14 LHA For Paperwork Reduction Act Notice, see in:	structions		N/A	Form <b>990-PF</b> (2014)		

DON WAGGONER & ZELMA WAGGONER FOUNDATION

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	be the kind(s) of property sold (e.g shouse; or common stock, 200 sho			J, b-	ow acquired Purchase Donation	(c) Date acquire (mo., day, yr.)	d (d) Date sold (mo., day, yr.)
1a							
b SEE ATTACHED	STATEMENT				· <del>-</del> .		
<u>c</u>	- <del></del>			-			
<u>d</u>		_		<del> </del>			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	147	st or other basis expense of sale			(h) Gain or (l (e) plus (f) mir	
_a							-
b							
С	·						
d							
e 1,642,307.			1,441,53	1.			200,776.
Complete only for assets showing	<del></del>	T			c	<ul><li>(I) Gains (Col. (h) ( ol. (k), but not less</li></ul>	jain minus than -0-) <b>or</b>
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any		J	Losses (from c	ol. (h))
a			(),	-+		<del></del>	
b		<del>                                     </del>					
C					· · · · · · · · · · · · · · · · · · ·		
d							
е							200,776.
2 Capital gain net income or (net capit	tal loss) $\begin{cases} If gain, also enter \\ If (loss), enter -0 \end{cases}$	ın Part I, line - ın Part I, line	7 7	}	2		200,776.
3 Net short-term capital gain or (loss)	`						
If gain, also enter in Part I, line 8, co		(5).		}	3	N	/A
Part V Qualification Un	der Section 4940(e) for	Reduced	Tax on Net	Inve	stment In	come	
If section 4940(d)(2) applies, leave this  Was the foundation liable for the sectio  If "Yes," the foundation does not qualify  Enter the appropriate amount in each	n 4942 tax on the distributable am under section 4940(e). Do not co	mplete this pa	irt.				Yes X No
(a)	(b)	1511 40110710 50	,	(c)		Di	(d) stribution ratio
Base period years Calendar year (or tax year beginning	فيراه وأرزأها والمراجع المراجع والمراجع والمراجع	tributions	Net value of no		able-use asse	ts (col. (b)	divided by col. (c))
2013		7,510.		3,	800,09	1.	.199340
2012	62	5,518.		3,	953,97	0.	.158200
2011		8,465.			<u>472,83</u>		.138271
2010		4,299.			<u>406,08</u>		.062255
2009	21	<u>1,000.</u>		4,	<u>283,64</u>	6.	.049257
2 Total of line 1, column (d)		a a lora O box 5		-4	_	2	.607323
3 Average distribution ratio for the 5-y the foundation has been in existence	·	on line 2 by 5,	or by the number	or year	S	3	.121465
4 Enter the net value of noncharitable-use assets for 2014 from Part X, line 5					4	5,249,834.	
5 Multiply line 4 by line 3						5	637,671.
S Enter 1% of net investment income	(1% of Part I, line 27b)					6	2,731.
7 Add lines 5 and 6						7	640,402.
B Enter qualifying distributions from P	art XII, line 4					8	93,833.
If line 8 is equal to or greater than lin See the Part VI instructions.	·	1b, and comp	lete that part using	g a 1%	tax rate.		
23521 11-24-14							Form <b>990-PF</b> (2014

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_	art VI   Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 -	5 1 4 I			Page 4	
		300 11	1511 0		113)	
18	a 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)			E 1	60	
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here   and enter 1%			<u> </u>	62.	
	of Part I, line 27b					
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).				^	
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0.	
3	Add lines 1 and 2			5,4	62.	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			F 4	0.	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			5,4	62.	
6	Credits/Payments:					
	2014 estimated tax payments and 2013 overpayment credited to 2014  6a 4, 363.					
	Exempt foreign organizations - tax withheld at source					
	Tax paid with application for extension of time to file (Form 8868)					
	I Backup withholding erroneously withheld			4 2		
7	Total credits and payments. Add lines 6a through 6d			4,3	63.	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			1 0		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			<u>1,0</u>	99.	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid					
	Enter the amount of line 10 to be: Credited to 2015 estimated tax			—		
	rt VII-A Statements Regarding Activities	<del></del>		Voc	No	
18	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	ŀ		162	+	
-	any political campaign?	ŀ	1a		X	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	ŀ	1b		X_	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	l		l		
	distributed by the foundation in connection with the activities.	l	1c		X	
	c Did the foundation file Form 1120-POL for this year?					
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			l		
	(1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0 .	}		l		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. ► \$0.	1	_		٠	
5	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.	1				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or				37	
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X	
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	,	4a		Х	
D	If "Yes," has it filed a tax return on Form 990-T for this year?	A	4b		\ <del>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</del>	
ð	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	}	5_		X	
^	If "Yes," attach the statement required by General Instruction T.	]				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			ı		
	By language in the governing instrument, or  Protected levelation that effectively accorded to according to the conflict with the state level	-		ı		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law		ا ہ	v		
_	remain in the governing instrument?	}	6	X	$\vdash$	
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		-	
	<b>5</b>					
Вa	Enter the states to which the foundation reports or with which it is registered (see instructions)	<del></del>	l			
	FL CONTRACTOR OF THE CONTRACTO				1	
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)	10	.			
	of each state as required by General Instruction G? If "No," attach explanation  SEE STATEMENT	12	8b_		X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar		_		7.7	
4.5	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV	}	9	—	X	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10	<del></del> _	X	

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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?		1	
	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?	_13	Х	
	Website address ► N/A			
14	The books are in care of ▶ DONALD F WAGGONER Telephone no. ▶ 239-2		<u>804</u>	
	Located at ► 1252 GORDON RIVER TRAIL N, NAPLES, FL ZIP+4 ►3	<u>4105</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in fieu of Form 1041 - Check here		<b>•</b>	
	and enter the amount of tax-exempt interest received or accrued during the year	N	/ <u>A</u>	
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		<u>X</u>
	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		1	
n.	foreign country			
<u> </u>	art VII-B   Statements Regarding Activities for Which Form 4720 May Be Required	<del></del>	Vaa	Ala
	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):		ļ	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		ĺ	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)  a disqualified person?  Yes X No	1 1		l
	(1) 12) compensation to the pay of formulation and opposition of a disqualities product.			
	(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 X No		ŀ	
	(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.)	1 1	- 1	
h	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)?	16		X
	Organizations relying on a current notice regarding disaster assistance check here	1		
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	1 1		
	before the first day of the tax year beginning in 2014?	10	Į	_X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning		- 1	
	before 2014?	1 1	1	
	If "Yes," list the years $\blacktriangleright$			
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.			
_	<u> </u>			
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
Þ	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,	,	- 1	
<b>A</b> ~	Form 4720, to determine if the foundation had excess business holdings in 2014.)  N/A	3b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?  Did the foundation make any investment in a prior year (but ofter December 3.1, 1969) that could jeopardize its charitable purpose that	4a	+	<u>X</u>
U	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?	4b	- 1	Х
		rm <b>990</b>	-PF (	
			(	

Part VII-B   Statements Regarding Activities for Whic			05-01416	34_	Page 6
5a During the year did the foundation pay or incur any amount to:	m rount trad may be	· · · · · · · · · · · · · · · · · · ·	1		
(1) Carry on propaganda, or otherwise attempt to influence legislation (sec	rtion 4945(e)\?		es X No		
(2) Influence the outcome of any specific public election (see section 4955					
any voter registration drive?	of to dairy on, andday or man		es X No		
(3) Provide a grant to an individual for travel, study, or other similar purpo	ses?		es X No		- 1
(4) Provide a grant to an organization other than a charitable, etc., organization					
4945(d)(4)(A)? (see instructions)		Y	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literature	arv. or educational purposes, or				
the prevention of cruelty to children or animals?	. ,		es X No	J	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify	under the exceptions described	in Regulations	1		
section 53.4945 or in a current notice regarding disaster assistance (see in		-	N/A	5b	
Organizations relying on a current notice regarding disaster assistance chec			▶□□		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption		ained		ļ	
expenditure responsibility for the grant?	1	N/A 🗀 Ye	es 🔲 No	Ì	Ì
If "Yes," attach the statement required by Regulations section 53.4	945-5(d).				
6a Did the foundation, during the year, receive any funds, directly or indirectly,					- [
a personal benefit contract?		Ye	es X No		1
b Did the foundation, during the year, pay premiums, directly or indirectly, on	a personal benefit contract?		<u>L</u>	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 to	ax shelter transaction?	Ye	es 🗶 No 📙		
b If "Yes," did the foundation receive any proceeds or have any net income att				7b	
Part VIII Information About Officers, Directors, Tru	istees, Foundation Ma	anagers, Highly	y		
Paid Employees, and Contractors					
1 List all officers, directors, trustees, foundation managers and the		(c) Compensation	(d) Contributions to	(0)	Evnence
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	acco allo	Expense unt, other owances
DONALD F WAGGONER	TRUSTEE			1	
1252 GORDON RIVER TRAIL N.					
NAPLES, FL 34105	0.00	0.	0.		0.
ZELMA WAGGONER	TRUSTEE				
1252 GORDON RIVER TRAIL N.					
NAPLES, FL 34105	0.00	0.	0.		0.
		1			
				ļ	
	<b>=</b>				
	_				
2. Company of the bishood and applement of the above the	included on line 1) If none	onter #NONE !!	<u> </u>	<u> </u>	
2 Compensation of five highest-paid employees (other than those	(b) Title, and average	, enter NONE."	(d) Contributions to	(e)	Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	acco	unt, other wances
NONE					
				ļ	
					<del></del>
	_			<u> </u>	
		<u> </u>		<u> </u>	
Total number of other employees paid over \$50,000			<b>•</b>		0

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Part VIII Information About Officers, Directors, Trustees, Foundate Paid Employees, and Contractors (continued)	tion Managers, Hi	ghly		
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."			
(a) Name and address of each person paid more than \$50,000	<b>(b)</b> Type o	fservice	(c) Compensat	tion
RONALD G TRAMMEL - 403 WOODS LAKE ROAD, STE				
204, GREENVILLE, SC 29607	<u>MANAGEMENT</u>	SERVICES	58,00	<u>o.</u>
	_			
	-			
		<del></del>	<del></del>	—
	-			
Total number of others receiving over \$50,000 for professional services			<b>&gt;</b>	0
Part IX-A Summary of Direct Charitable Activities	······································			<u> </u>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statisti	cal information such as the	e		
number of organizations and other beneficiaries served, conferences convened, research papers produ	uced, etc.		Expenses	
1N/A				
	·			
2				
^				
3				
4	<del></del> <del></del>	·		
Part IX-B   Summary of Program-Related Investments				_
Describe the two largest program-related investments made by the foundation during the tax year on li	nes 1 and 2.		Amount	
1N/A	··-			
		_ <del></del>		
2	<del></del>			
All other program related investments. Cas instructions				
All other program-related investments. See instructions.		1		
Total. Add lines 1 through 3		<b>•</b>	(	0.

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

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

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

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

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93,833.

4

5 6 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				257,030.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2014:				
<b>a</b> From 2009				
b From 2010 59,393.			}	
c From 2011 397,763.				
d From 2012 431,309.				
e From 2013 571,307.				
f Total of lines 3a through e	1,459,772.		1.50	<del></del>
4 Qualifying distributions for 2014 from				
Part XII, line 4: ► \$ 93,833.			_	
a Applied to 2013, but not more than line 2a			0.	
b Applied to undistributed income of prior		•		
years (Election required - see instructions)		0.		<del></del>
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			02 022
d Applied to 2014 distributable amount				93,833.
e Remaining amount distributed out of corpus	0.			163,197.
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount	163,197.			103,197.
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	1,296,575.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously		0		
assessed		0.		
d Subtract line 6c from line 6b. Taxable		0.		
amount - see instructions				
e Undistributed income for 2013. Subtract line			0.	
4a from line 2a. Taxable amount - see instr.  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)	0.			
8 Excess distributions carryover from 2009				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2015.				
Subtract lines 7 and 8 from line 6a	1,296,575.			
10 Analysis of line 9:				
a Excess from 2010				
b Excess from 2011 293, 959.				
c Excess from 2012 431,309.				
d Excess from 2013 571,307.	İ			
e Excess from 2014				
23581				Form <b>990-PF</b> (2014)

Part XIV Private Operating F	GONER & ZEL				41632 Page 1
<u> </u>	<del></del>		IFA, question 9)	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective fo	•	•	. • [	4040(3/0) 1140	140(1)(5)
b Check box to indicate whether the found		ig foundation described		4942(j)(3) or 49	942(j)(5) 
2 a Enter the lesser of the adjusted net	Tax year (a) 2014	<b>(b)</b> 2013	Prior 3 years (c) 2012	(d) 2011	(e) Total
income from Part I or the minimum	(a) 2014	( <b>b)</b> 2013	(6) 2012	(0) 2011	(e) Iotai
investment return from Part X for					
each year listed	-		<del> </del>	<u> </u>	
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			1		
exempt activities  e Qualifying distributions made directly			-	<del> </del>	
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the			-		·
alternative test relied upon:					
<ul><li>a "Assets" alternative test - enter:</li><li>(1) Value of all assets</li></ul>					
(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	l				
Part XV Supplementary Info			if the foundation	had \$5,000 or mo	ore in assets
at any time during t		uctions.)		****	
1 Information Regarding Foundation	-				
a List any managers of the foundation wh year (but only if they have contributed n			ributions received by the	foundation before the clos	se of any tax
SEE STATEMENT 13					
b List any managers of the foundation wh other entity) of which the foundation has			(or an equally large portic	on of the ownership of a pa	artnership or
NONE			**		
2 Information Regarding Contributi					
Check here <b>X</b> if the foundation of the foundation makes gifts, grants, etc.					
a The name, address, and telephone number	ber or e-mail address of th	e person to whom appl	ications should be addres	sed:	
<b>b</b> The form in which applications should b	e submitted and informati	on and materials they s	nould include:		<del>_</del>
c Any submission deadlines:	<del> </del>				
d Any restrictions or limitations on awards	, such as by geographical	areas, charitable fields,	kinds of institutions, or o	other factors:	

Total

inter gross amounts unless otherwise indicated.	Unrelated b	usiness income	Excluded b	y section 512, 513, or 514	(e)
-	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code		
ā	_ <del>                                    </del>		<del>                                     </del>		· · · · · · · · · · · · · · · · · · ·
D			+		<del></del>
<u> </u>			<del></del>		<del></del>
d	1 1		<del>- </del>		
e	_				<del></del>
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments		·	14	30,573. 102,769.	
4 Dividends and interest from securities			14	102,769.	
5 Net rental income or (loss) from real estate:		<del></del>			<del>-</del>
a Debt-financed property					
<b>b</b> Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income			14	165.	
8 Gain or (loss) from sales of assets other than inventory			18	200,776.	
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a					
b					
C					
d	_				
e	_		<del>                                     </del>		
2 Subtotal. Add columns (b), (d), and (e)		0	•	334,283.	
3 Total. Add line 12, columns (b), (d), and (e)				13	334,28
See worksheet in line 13 instructions to verify calculations.	.)				

Trelationship of Activities to the Accomplishment of Exempt 1 diposes						
ine No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).					
- 1						

DECOSIMO

GREENVILLE, SC 29606-6286

P00221718

Firm's EIN ► 57-0381582

Phone no. 864-242-3370

self-employed

Paid

Preparer

**Use Only** 

DERON B. STANCIL

Firm's name ► ELLIOTT DAVIS

Firm's address ► PO BOX 6286

# 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, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No 1545-0047

Name of the organization

Employer identification number

	DC	ON WAGGONER & ZELMA WAGGONER FOUNDATION	65-6141632					
Organization type (check one):								
Filers of:		Section:						
Form 990 or 990-EZ		501(c)( ) (enter number) organization						
		4947(a)(1) nonexempt charitable trust <b>not</b> 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						
	ly a section 501(c)	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e See instructions					
		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 contributor's						
Special F	Rules							
: •	sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support t and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount , line 1 Complete Parts I and II.	or 16b, and that received from					
2	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.							
but it mus	st answer "No" on	hat is not covered by the General Rule and/or the Special Rules does not file Schedule B Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fo the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

### DON WAGGONER & ZELMA WAGGONER FOUNDATION

65-6141632

Part I	Contributors (see instructions) Use duplicate copies of Part I if ad	ditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DON AND ZELMA WAGGONER  1252 GORDON RIVER TRAIL N.  NAPLES, FL 34105	\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	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 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 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)

Name of organization

Employer identification number

## DON WAGGONER & ZELMA WAGGONER FOUNDATION

65-6141632

Part II	Noncash Property (see instructions) Use duplicate copies of F	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
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<del></del>		\$	
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	990, 990-EZ, or 990-PF) (2

Employer identification number

art III	AGGONER & ZELMA WAGGONER	4	65-6141632						
	the year from any one contributor. Complete co	lumns (a) through (e) and the follov	in section 501(c)(7), (8), or (10) that total more than \$1,000 fo Wing line entry. For organizations						
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional		less for the year (Enter this info once)						
) No. rom	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
art I	(b) r dipose of gift	(c) ose of gift	(a) Description of non-gritic field						
`									
		(e) Transfer of gift	t e e e e e e e e e e e e e e e e e e e						
	Transferee's name, address, and	IZIP + 4	Relationship of transferor to transferee						
Γ.									
[ •									
No. om	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
art I	(b) Furpose of grit	(c) Ose of gift	(u) Description of now grit is field						
-									
_									
	(e) Transfer of gift								
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee						
-									
-									
No. om	(b) Purpose of gift	(c) Use of gift	of gift (d) Description of how gift is held						
rt I	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
- 1			· · · · · · · · · · · · · · · · · · ·						
-									
-  -		(a) Transfer of gift							
		(e) Transfer of gift							
( - -	Transferee's name, address, and		Relationship of transferor to transferee						
	Transferee's name, address, and								
- - - - -	Transferee's name, address, and								
	Transferee's name, address, and								
No.	Transferee's name, address, and  (b) Purpose of gift								
No.		ZIP + 4	Relationship of transferor to transferee						
No.		ZIP + 4	Relationship of transferor to transferee						
No.		ZIP + 4	Relationship of transferor to transferee						
No.		(c) Use of gift	Relationship of transferor to transferee  (d) Description of how gift is held						
No.		ZIP + 4	Relationship of transferor to transferee  (d) Description of how gift is held						
No.		(c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held						
No.	(b) Purpose of gift	(c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held						

FORM 990-PF INTERE	ST ON SAVIN	IGS AND T	EMPOR?	ARY C	ASH	INVE	STMENTS	ST	ATEMENT	1
SOURCE	RE			(B) INVESTMENT INCOME			(C) ADJUSTED NET INCOME			
MERRILL LYNCH			30,57	73.		3	0,573.			
TOTAL TO PART I, LI		30,573.								
FORM 990-PF	DIVIDENDS	AND INT	EREST	FROM	SEC	URIT	IES	ST.	ATEMENT	2
SOURCE	GROSS AMOUNT	CAPITA GAINA DIVIDE	S		A) ENUE BOOK		(B) ET INVES ENT INCO		(C) ADJUSTE NET INCO	
MERRILL LYNCH	102,812.		43.	10	2,76	9.	102,76	69.		
TO PART I, LINE 4	102,812.		43.	10	2,76	9. — —	102,76	9.		
FORM 990-PF		OTHER	INCON	Œ				ST	ATEMENT	3
DESCRIPTION			REV	A) ENUE BOOK			(B) INVEST- T INCOME		(C) ADJUSTEI NET INCON	
OTHER INVESTMENT IN SECURITY LITIGATION		_			96.		96		<u> </u>	
INCOME		-			69.		69	<u> </u>		
TOTAL TO FORM 990-P	F, PART I,	LINE 11		·	165. ———		165			
FORM 990-PF		LEGA	AL FEE	S				ST	ATEMENT	4
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) INV IT IN	EST-		(C) ADJUSTED ET INCOM		(D) CHARITAE PURPOSE	
LEGAL FEES		1,12	5.		0	•				0.
TO FM 990-PF, PG 1,	1,12			0	•				0.	

FORM 990-PF	ACCOUNTI	NG FEES	S'	ratement 5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING	7,915.	3,958.		0.	
TO FORM 990-PF, PG 1, LN 16B	7,915.	3,958.		0.	
FORM 990-PF C	THER PROFES	SIONAL FEES	S'	ratement 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
MANAGEMENT FEES MERRILL LYNCH MANAGEMENT FEES	58,000. 16,135.	40,600.		2,900.	
TO FORM 990-PF, PG 1, LN 16C =	74,135.	56,735.		2,900.	
FORM 990-PF	TAX	ES	S	ratement 7	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FOREIGN TAXES PAID EXCISE TAX PAID	505. 5,462.	505.		0.	

<del></del>	OTHER E	XPENSES		STATEMENT		
	EXPENSES NET INVEST- ADJU		(C) ADJUSTEI NET INCOM			
MISCELLANEOUS EXPENSES	602.	•	0.			0.
TO FORM 990-PF, PG 1, LN 23	602.		0.			0.
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	9
DESCRIPTION			вос	OK VALUE	FAIR MARKE VALUE	T
MERRILL LYNCH INV ACCTS PUBLICLY SECURITIES	TRADED	EQUITY	4	1,549,811.	5,358,2	00.
TOTAL TO FORM 990-PF, PART II, L	INE 10B		4	1,549,811.	5,358,2	00.
FORM 990-PF DEPRECIATION OF AS	SETS NOT	HELD FOR	INVI	ESTMENT	STATEMENT	
						10
DESCRIPTION		T OR BASIS		JMULATED RECIATION	BOOK VALU	
DESCRIPTION FURNITURE					BOOK VALU	
	OTHER	BASIS		RECIATION	BOOK VALU	E
FURNITURE	OTHER	1,200. 1,200.		1,200.	BOOK VALU	E 0.
FURNITURE  TOTAL TO FM 990-PF, PART II, LN	OTHER  OTHER  BEGIN	1,200. 1,200.	DEPI	1,200.		0. 0.
FURNITURE  TOTAL TO FM 990-PF, PART II, LN  FORM 990-PF	OTHER  OTHER  BEGIN	1,200.  1,200.  ASSETS  NING OF	DEPI	1,200. 1,200. OF YEAR	STATEMENT FAIR MARKE VALUE	0. 0.

FORM 990-PF EXPLANATION CONCERNING PART VII-A, LINE 8B

STATEMENT

12

EXPLANATION

THE FOUNDATION IS NOT REQUIRED TO FILE A COPY OF FORM 990-PF WITH THE STATE OF FLORIDA.

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT 13

NAME OF MANAGER

DONALD F WAGGONER ZELMA WAGGONER

DON WAGGONER & Z			41632	PAGE 1	OF 1		
	sses for Tax on Investment Income		1				
2-story br	describe the kind(s) of property solution (s) of property solution (s) of common stock, 2	00 shs. MLC Co.	(b) How ac P - Purc D - Dona	hase (mo day yr)	(d) Date sold (mo., day, yr.)		
	MENT A ML # 743-	04014	_ P				
b ML 743-04014 W.			P				
c L/T SEE ATTACH		04014	P				
d L/T SEE ATTACH		04014	P				
e CASH IN LIEU M			P				
1 S/T SEE ATTACH		4015	P				
g ML 743-04015 W.		1015	P				
h L/T SEE ATTACH		4015	<u>P</u>				
	MENT B ML #743-0	4015	P				
1,331 SHS COAS			<u>P</u>		<u> </u>		
	DIVIDENDS						
<u></u>							
n n		"					
0							
(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)			
628,136.	(er anomaso)	589,549.	·	(-)	38,587.		
$\frac{628,136.1}{17.1}$		300,340.	1		17.		
249,539.	•	179,553.			69,986.		
86,935.		46,557.			40,378.		
1.					1.		
440,389.		445,861.			<5,472.		
1,066.					1,066.		
226,221.		174,390.		51,83			
8,438.		3,960.		4,4			
1,522.		1,661.	_	<1			
<b>₹ 43.</b>	·				43.		
l							
n							
1				. <u> </u>			
Complete only for secrete chayun	ig gain in column (h) and owned by	the foundation on 12/21/60	<del>                                     </del>	(I) 1 (frame) (b))			
Complete only for assets showin	· · · · · · · · · · · · · · · · · · ·			(I) Losses (from col. (h)) xcess of col. (h) gain over			
(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		but not less than "-0-")	(··//		
		, , , , , , , , , , , , , , , , , , ,			38,587.		
3					17.		
	-				69,986.		
				<del>-</del>	40,378.		
;					1.		
					<5,472.		
					1,066.		
					51,831.		
				<del></del>	4,478.		
					<139.		
					43.		
1	<del> </del>						
, <u> </u>			<del> </del>				
Capital gain net income or (net cap	pital loss) { If gain, also enter "-0	in Part I, line 7	2		200,776.		
, , (		r na carriculus (1167-11	·		, , ,		

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). If (loss), enter "-0-" in Part I, line 8

DON WAGGONER & ZELMA WAGGONER FOUNDATION 65-6141632

Part XV Supplementary Informatio				<del></del>
3 Grants and Contributions Paid During the	<del></del>	<del></del>	<del></del>	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
CHARITY WATER	NONE	PUBLIC CHARITY	TO FURTHER THE	
200 VARICK ST, SUITE 201			PROGRAMS OF THE	
NEW YORK, NY 10014			ORGANIZATION.	500.
CURTOR OPENODOV PREGRUMPETAN CHURCH	NONE	PUBLIC CHARITY	TO PITPOWED THE	
CHRIST ORTHODOX PRESBYTERIAN CHURCH 8630 WEST 2700	NONE	FOBBIC CHARITI	PROGRAMS OF THE	
SOUTH MAGNA, UT 84044			ORGANIZATION,	500.
EASTER SEAL MINISTRIES	NONE	PUBLIC CHARITY		
233 SOUTH WACKER DRIVE, SUITE 2400			PROGRAMS OF THE	250.
CHICAGO, IL 60606			ORGANIZATION,	230.
FOUNDATION FOR WOMEN'S CANCER	NONE	PUBLIC CHARITY	TO FURTHER THE	
230 WEST MONROE SUITE 2528			PROGRAMS OF THE	
CHICAGO, IL 60606			ORGANIZATION,	1,000.
GREENVILLE FIRST CHURCH OF NAZARENE	NONE	PUBLIC CHARITY	TO FURTHER THE	
1201 HAYWOOD RD			PROGRAMS OF THE	
GREENVILLE SC 29615		ļ	ORGANIZATION.	50,133.
	1017	DUDI TO CHADIMY	TO FURTHER THE	
HARRY CHAPIN FOOD BANK OF SOUTHWEST FLORIDA	NONE	POBLIC CHARITI	PROGRAMS OF THE	
3760 FOWLER ST			ORGANIZATION.	
FORT MEYERS, FL 33901				250,
UNDVECT HODE OF COLUMNIA	MONE	PUBLIC CHARITY	TO FURTHER THE	
HARVEST HOPE OF COLUMBIA 2220 SHOP ROAD	NONE	FOBBIC CHARTII	PROGRAMS OF THE	
COLUMBIA, SC 29201			ORGANIZATION,	500,
,				
			TO THE THE THE	
LEGAL MOMENTUM	NONE	PUBLIC CHARITY	TO FURTHER THE PROGRAMS OF THE	
5 HANOVER SQUARE, SUITE 1502 NEW YORK, NY 10004			ORGANIZATION.	500.
NOW TORK, IVI 10001				
LIMESTONE COLLEGE	NONE	PUBLIC CHARITY	TO FURTHER THE	
1115 COLLEGE DRIVE			PROGRAMS OF THE	2 000
GAFFNEY SC 29340		<del> </del>	ORGANIZATION,	2,000.
MELANOMA RESEARCH FOUNDATION	NONE	PUBLIC CHARITY	TO FURTHER THE	
1411 K STREET NW, SUITE 800			PROGRAMS OF THE	
WASHINGTON, DC 20005			DRGANIZATION.	1,000.
Total from continuation sheets				80 733.

DON WAGGONER & ZELMA WAGGONER FOUNDATION 65-6141632

Part XV Supplementary Information	AGGONER & ZELMA V	WAGGONER FC	OUNTATION 05-01	.41632
3 Grants and Contributions Paid During to				<u> </u>
Recipient	If recipient is an individual,	T	<u> </u>	
	show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	
WEED ODGS TELLS ADDG GOLDS		DUDI TO GUADIEN	TO BUDWIED MUE	
METROPOLITAN ARTS COUNCIL 16 AUGUSTA ST	NONE	PUBLIC CHARITY	TO FURTHER THE PROGRAMS OF THE	
GREENVILLE SC 29601			ORGANIZATION.	14,000.
GREENVIBLE, SC 25001			onormalization,	12,000.
NAPLES ZOO	NONE	DIBLIC CHARITY	TO FURTHER THE	
1590 GOODLETTE-FRANK ROAD	NONE	TOBBIC CHARTII	PROGRAMS OF THE	
NAPLES, FL 34102			ORGANIZATION.	350.
NATIONAL SAFE PLACE	NONE	DIBLIC CHARTTY	TO FURTHER THE	
2429 CRITTENDEN DRIVE	NONE	FODBIC CIERTII	PROGRAMS OF THE	
LOUISVILLE KY 40217			ORGANIZATION.	500.
BOOLDVIHME, KI 4021,			Sitting and the sitting and th	
PAWMETTO LIFELINE	NONE	DIBLIC CHARITY	TO FURTHER THE	
1275 BOWER PARKWAY	HONZ	TODATE CIMICITY	PROGRAMS OF THE	
COLUMBIA SC 29212			ORGANIZATION.	1,000.
SALVATION ARMY	NONE	PUBLIC CHARITY	TO FURTHER THE	
417 RUTHERFORD ST	NONE	FORDIC CHARITI	PROGRAMS OF THE	
GREENVILLE SC 29609			ORGANIZATION.	1,000.
SLOW FOOD SC-UPSTATE	NONE	PUBLIC CHARITY	TO FURTHER THE	
10 OLD TYLER CT			PROGRAMS OF THE	
GREENVILLE SC 29615			ORGANIZATION,	6,000.
SOUTH CAROLINA AUTISM SOCIETY	NONE	PUBLIC CHARITY	TO FURTHER THE	
806 12TH STREET		İ	PROGRAMS OF THE	
WEST COLUMBIA, SC 29169			ORGANIZATION.	1,000.
WOUNDED WARRIOR PROJECT	NONE	PUBLIC CHARITY	TO FURTHER THE	
PO BOX 758517			PROGRAMS OF THE	
TOPEKA, KS 66675			ORGANIZATION.	250.
Total from continuation sheets		<u> </u>	<u></u>	
				<del></del>

2014 DEPRECIATION AND AMORTIZATION REPORT

	Ending Accumulated Depreciation	1,200.	1,200.						lon, GO Zone
	Current Year Deduction	54.	54.						* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone
	Current Sec 179 Expense								nercial Revita
	Beginning Accumulated Depreciation	1,146.	1,146.						Bonus, Comir
ļ	Basis For Depreciation	1,200.	1,200.						ITC, Salvage,
	Reduction In Basis		_						*
	Section 179 Expense								
990-PF	Bus % Excl								 pesod
	Unadjusted Cost Or Basis	1,200.	1,200.						 (D) - Asset disposed
	No c >	HY17			<u>.</u>		 		
	Lıfe	7.00				<del></del>		 	
	Method								 
	Date Acquired N	04/27/07 200DB					 	 	
FORM 990-PF PAGE 1	Description	FURNITURE	* TOTAL 990-PF PG 1 DEPR						
ORM 95	Asset No	11							428111 05-01-14
12, E				· <u> </u>			 	 	 