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

2015

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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Open to Public Inspection

|   |   | , and ending   |   |  |
|---|---|--|---|--|
| YN P. AND ELEANOR N. GALIN F  | 'AMTI.Y   |  | A Employer identification nu<br>41-2066152  | mber   |
| DATION, INC.<br>JOHNSTON STREET   |   |  |   | tructions)   |
| NAH, GA 31405-5605  |   |  | C If exemption application is   | pending, check here  |
| ck all that apply Initial return  | Initial return of a form  | mer public charity   |   | _  |
| Final return  | Amended return  |  |   | <u> </u>   |
|   |   |  | here and attach computations  | ting the 85% test, check   |
|   |   |  | F If private foundation status  | L<br>S was terminated  |
| market value of all assets at end of year J Acc   | <del></del>   |  | under section 507(b)(1)(A)  | ), check here  |
| · ' ' ' '   L   |   |  |   |  |
|   |   | T  |   | , check here   |
| 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<br>income   | (c) Adjusted net income   | (d) Disbursements<br>for charitable<br>purposes<br>(cash basis only)   |
| 1 Contributions, gifts, grants, etc, received (attach schedule)   | 50,000.   |  |   |  |
| 2 Ck ►if the foundation is not required to attach Sch B   |   |  |   | 1  |
| 3 Interest on savings and temporary cash investments  | 25,838.   | 25,838   | 3.  |  |
| 4 Dividends and interest from securities  | 2,271.  |  |   |  |
|   |   |  |   |  |
| or (loss) 6 a Net gain or (loss) from sale of assets not on line 10   |   | <u> </u>   | <u> </u>  |  |
| b Gross sales price for all assets on line 6a   | 1 / 1   | , ,  |   | ,  |
| 7 Capital gain net income (from Part IV, fine 2)  |   |  |   |  |
| Net short term capital gain     Income modifications  | 34  |  |   | ,  |
| 10 a Gross sales less returns and   |   |  |   |  |
| allowances  b Less Cost of  | · · · · · · · · · · · · · · · · · · ·   | · , · · , · · · · · · · · · · · · · · ·  | <del></del>   | ······································   |
| goods sold  |   |  | , ,   | -  |
| 11 Other income (attach schedule)   |   | * , ,  |   | 1 1 - 1  |
|   |   |  |   | <u> </u>   |
| 12 Total Add times 1 through 11 13 Companyation of officers directors trustees etc.                             | 78,109.   | 28,109   | 0.  | *  |
| 14 Other employee salaries and wages  | 0.  | <del></del>  | <del> </del>  |  |
| 15 Pension plans, employee benefits   |   |  | انست ا  | - CONTRACTOR   |
| 16 a Legal fees (attach schedule)   |   |  |   | からいます  |
| - · · · · · · · · · · · · · · · · · · ·   | 2,500.  | 2,500  | <del></del>   | 11 1 1 2 2 B 10  |
| 17 Interest   |   | <del></del>  | <del>                                      </del>   | 11)1 1/1 Gara  |
| 18 Taxes (attach schedule)(see instrs)  |   |  | 1,3,7   | TOPEN UT   |
| 19 Depreciation (attach schedule) and depletion   |   |  |   | 000-   |
| 20 Occupancy  |   |  |   |  |
| 21 Travel, conferences, and meetings 22 Printing and publications   |   |  |   |  |
| 23 Other expenses (attach schedule)   |   |  | -   |  |
| SEE STATEMENT 2   | 606.  |  |   |  |
| 24 Total operating and administrative   | 3 106   | 2 500  |   |  |
| 25 Contributions, gifts, grants paid PART XV  | 37,383.   | 2,300  | +   | 37,383.  |
| 26 Total expenses and disbursements.  |   | 0.500  |   |  |
| 27 Subtract line 26 from line 12.   | 40,489.   | 2,500  |   | 37,383.  |
| a Excess of revenue over expenses   | 27 620  |  |   |  |
| and disbursements   | 37,620.   | 25,609   |   |  |
| <b>b</b> Net investment income (if negative, enter -0-)   |   | 20,000   | - 1   |  |
| b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-)                 |   |  | 0.  |  |
| ` <u> </u>  | ructions.   | TEEA0504L 12/0   | 0.  | Form <b>990-PF</b> (2015)  |
|   | DATION, INC. JOHNSTON STREET NAH, GA 31405-5605  ck all that apply   Initial return   Final return   Address change    ck type of organization   X Section 501   Section 4947(a)(1) nonexempt charitable to market value of all assets at end of year   Part II, column (c), line 16)   772, 866.   (Part I, and III)   Part III, column (c), line 16)   Total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)    1 Contributions, gifts, grants, etc, received (attach schedule)   Ck   if the foundation is not required to attach Sch 8    3 Interest on savings and temporary cash investments    4 Dividends and interest from securities    5 a Gross rents   Dividends and interest from securities    5 a Gross sales price for all assets not on line 10   Gross sales price for all assets on line 6a   Capital gain net income (from Part IV, line 2)    8 Net short term capital gain   Income modifications    10 a Gross sales less returns and allowances   Less Cost of goods solid   Gross profit or (loss) (attach schedule)    11 Other income (attach schedule)    12 Total Add lines 1 through 11    13 Compensation of officers, directors, trustees, etc    14 Other employee salaries and wages    15 Pension plans, employee benefits    16 a Legal fees (attach schedule)    2 Total Add lines 1 through 11    13 Compensation of officers, directors, trustees, etc    14 Other prof fees (attach schedule)    2 Total Add lines 1 through 11    13 Compensation of officers, directors, trustees, etc    14 Other prof fees (attach schedule)    2 Total Add lines 1 through 11    13 Compensation of officers, directors, trustees, etc    14 Other prof fees (attach schedule)    2 Total Add lines 1 through 11    2 Total Add lines 1 through 12    3 Contribution, gifts, grants paid PART XV    24 Travel, conferences, and meetings    25 Contribution, gifts, grants paid PART XV    26 Total expenses and disbursements.    Add lines 24 and 25 | DATION, INC. JOHNSTON STREET INNAH, GA 31405-5605  ck all that apply   Initial return   Amended return   Amended return   Amended return   Amended return   Amended return   Amended return   Name change   Section 4947(a)(1) nonexempt charitable trust   Other taxable in market value of all assets at end of year   Part II, column (c), line 16)   T72, 866.   (Part II, column (c), line 16)   Other (specify)   T72, 866.   (Part II, column (d) must be or columns (b), (c) and (d) may not necessarily equal the amounts in columns (b), (c) and (d) may not necessarily equal the amounts in column (a) (see instructions)   1 Contributions, gits, grafts, etc. received (attach schedule)   50,000.   2 ck   if the foundation is not required to attach Sch B   3 interest on savings and interest from securities   25,838.   4 Dividends and interest from securities   25,838.   4 Dividends and interest from securities   5 a Gross rents   5 a Gross rents   5 b Net tental innorme   6 a Net gain (less) from safe of assets not in line 6a   5 capital gain let income (from Part IV, line 2)   8 Net short term capital gain let income (income modifications   10 a Gross sales less returns and allowances   10 come modifications   10 come modifica | DATION, INC.  JOHNSTON STREET INNAH, GA 31405-5605  ck all that apply   Initial return   Amended return   Address change   Name change    ck type of organization   X  Section 501(c)(3) exempt private foundation   Section 4947(a)(1) nonexempt charitable trust   Other taxable private foundation   Part II, column (c), line 16)   712, 866.   (Part I, column (d) must be on cash basis)    JAnalysis of Revenue and   Expenses (The lotal of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)   Section 501(c)(3) exempt by the containing method   (a) Revenue and   Expenses (The lotal of amounts in column (b)   Section 501(c)(3) exempt by the containing method   (b) Net investment income | DATION, INC.   Inc. |

Decreases not included in line 2 (itemize) .

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

832,547.

| (a) List and desci   | d Losses for Tax on Investmen<br>tibe the kind(s) of property sold (e.g., r<br>puse, or common stock, 200 shares ML                           | eal estate. (b) How a                               | chase (mo day, yr) (mo day, yr)   |
|--|---|---|---|
| 1a N/A   |   |   |   |
| b  |   |   |   |
| С  |   |   |   |
| d  |   |   |   |
| e  |   |   | <u>, l., ., ., ., ., ., ., ., ., ., ., ., ., .</u>                                      |
| (e) Gross sales price  | (f) Depreciation allowed (or allowable)   | (g) Cost or other basis plus expense of sale        | (h) Gain or (loss)<br>(e) plus (f) minus (g)  |
| а  |   |   |   |
| <u>b</u>   |   |   |   |
|  |   | <del></del>   | <del></del>   |
| d  |   |   |   |
| Complete enly for eccets sh  |   | y the foundation on 12/31/69                        | 10.0  |
| (i) F.M V.<br>as of 12/31/69   | (j) Adjusted basis<br>as of 12/31/69  | (k) Excess of col (i)<br>over col. (j), if any      | (I) Gains (Col (h) gain minus col. (k), but not less than -0-) or Losses (from col (h)) |
| a  |   |   |   |
| b  |   |   |   |
| С  |   |   |   |
| d  |   |   |   |
| е  |   |   |   |
| 2 Capital gain net income or   | (net capital loss).    If gain, also If (loss), enti  | enter in Part I, line 7<br>er -0- in Part I, line 7 | 2   |
| 3 Net short-term capital gain  | or (loss) as defined in sections 1222(5)  | and (6):  |   |
| ın Part I, line 8  | line 8, column (c) (see instructions) If  | · · · · · · · ·                                     | 3   |
| Part V Qualification Und   | der Section 4940(e) for Reduce  | d Tax on Net Investment Inc                         | ome   |
| If 'Yes,' the foundation does not  | re this part blank.  section 4942 tax on the distributable aigualify under section 4940(e). Do not come and column for each year, see the ins | omplete this part.                                  | od? Yes X No  |
|  | (b)   | (c)   | (d)   |
| (a) Base period years Calendar year (or tax year beginning in)                   | Adjusted qualifying distributions   | Net value of noncharitable-use assets               | Distribution ratio (col. (b) divided by col. (c))                                       |
| 2014   | 33,593.   | 743,110.  | 0.045206  |
| 2013   | 23,835.   | 682,899.  | 0.034903  |
| 2012   | 28,141.   | 495,054.  | 0.056844  |
| 2011   | 21,656.   | 559,120.  |   |
| 2010   | 20,310.   | 446,515.  | 0.045486  |
| 2 Total of line 1, column (d)  |   |   | 2 0.221171  |
| 3 Average distribution ratio fo<br>number of years the founda                    | r the 5-year base period — divide the to<br>tion has been in existence if less than   | otal on line 2 by 5, or by the<br>5 years           | 3 0.044234  |
| 4 Enter the net value of nonc  | haritable-use assets for 2015 from Part   | X, line 5   | 4 797,245.  |
| 5 Multiply line 4 by line 3  |   |   | 5 35,265.   |
| E Enter 19/ of not investment  | income (1% of Part I, line 27b)   |   | 6 256.  |
| 6 Enter 1% of net investment   |   |   | 1 1   |
| 7 Add lines 5 and 6 .  |   |   | 7 35,521.   |
| <ul><li>7 Add lines 5 and 6 .</li><li>8 Enter qualifying distributions</li></ul> |   |   | 8 37,383.   |

|     | 990-PF (2015) MELVYN P. AND ELEANOR N. GALIN FAMILY 41-2066152   |  | P    | Page 4                                 |
|-----|--|--|------|--|
| Par | t VI , Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instruction   | s)   |      |  |
| 1 a | Exempt operating foundations described in section 4940(d)(2), check here .   and enter 'N/A' on line 1.  |  |      | ئـــــــــــــــــــــــــــــــــــــ |
|     | Date of ruling or determination letter. (attach copy of letter if necessary — see instrs)  |  |      |  |
| b   | Domestic foundations that meet the section 4940(e) requirements in Part V,   |  | 2    | <u> 256.</u>                           |
|     | check here. ► X and enter 1% of Part I, line 27b.  |  |      | ,                                      |
| c   | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col. (b)   |  |      |  |
| 2   | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable  |  |      | _                                      |
|     | foundations only. Others enter -0-)  |  |      | <u>0.</u>                              |
| 3   | Add lines 1 and 2  |  |      | <u> 256.</u>                           |
| 4   | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  |  |      | 0.                                     |
| 5   | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-  |  |      | 256.                                   |
| 6   | Credits/Payments:  |  |      | {                                      |
|     | 227.   |  |      | i                                      |
|     | Zenipt foreign organizations (Ex. Million 2 to control   |  | 4    | Į                                      |
|     | , in part with approximation of the state of |  |      | ÷ ;                                    |
| _   | Buonds Williams of the Control of th |  |      | 627.                                   |
| 7   | Total credits and payments Add lines 6a through 6d  Enter any penalty for underpayment of estimated tax. Check here I if Form 2220 is attached  8  |  |      | 321.                                   |
| 8   |  |  |      | 0.                                     |
| 10  | Tax due. If the total of files 5 and 6 is more than the 7, enter amount over   | -  |      | <del>371.</del>                        |
| 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 2016 estimated tax 371. Refunded 11  |  |      | 0.                                     |
| Dar | t VII-A Statements Regarding Activities  |  |      | <del></del>                            |
|     |  |  | Yes  | No                                     |
| 1 a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?   | 1 a  |      | X                                      |
| b   | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?   | 1 b  |      | x                                      |
|     | If the answer is 'Yes' to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities  |  |      | ,                                      |
| c   | Did the foundation file Form 1120-POL for this year?   | 1 c  |      | X                                      |
| c   | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:   |  |      |  |
| _   | (1) On the foundation . ►\$ 0. (2) On foundation managers ►\$ 0. Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on  |  |      |  |
| e   | foundation managers.   \$ \$ 0.  |  |      |  |
| 2   | Has the foundation engaged in any activities that have not previously been reported to the IRS?  | 2  |      | X                                      |
| _   | If 'Yes,' attach a detailed description of the activities.   |  |      |  |
| -   |  |  | , >- | -                                      |
| 3   | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes   | 3  |      | X                                      |
| 4 a | Did the foundation have unrelated business gross income of \$1,000 or more during the year?  | 4 a  |      | X                                      |
| t   | olf 'Yes,' has it filed a tax return on Form 990-T for this year?  | 4 b  | N    | /A                                     |
| 5   | Was there a liquidation, termination, dissolution, or substantial contraction during the year?   | 5  |      | Х                                      |
|     | If 'Yes,' attach the statement required by General Instruction T.  |  |      | 1                                      |
| 6   | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:  |  |      |  |
|     | By language in the governing instrument, or  |  |      |  |
|     | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict  |  |      |  |
|     | with the state law remain in the governing instrument?   | 6  | X    | <u> </u>                               |
| 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    | ļ                                      |
| 8 a | Enter the states to which the foundation reports or with which it is registered (see instructions) .   |  |      |  |
|     | N/A  |  | . 4  | -                                      |
| t   | o If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General   | 8ь   | X    |  |
|     | (or designate) of each state as required by General Instruction G? If 'No, 'attach explanation   | <del>                                     </del> |      | <del> </del>                           |
| 9   | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (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   | 10   |      | x                                      |

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Form **990-PF** (2015)

| Form       | 990-PF (2015) MELVYN P. AND ELEANOR N. GALIN FAMILY  | 41-2                 | 20661 <u>5</u> | 2  | F          | age 5           |
|------------|--|----------------------|----------------|--|------------|-----------------|
| Par        | t VIIA : 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 peradvisory privileges? If 'Yes,' attach statement (see instructions).  | son had              |                | 12                                       |            | x               |
| 13         | Did the foundation comply with the public inspection requirements for its annual returns and exemption.  Website address.  | n applicat           | ion? .         | 13                                       | X          |                 |
| 14         | Website address. ► N/A  The books are in care of ► MELVYN P. GALIN  Telephon   | e no ►               | 912-3          | 55-2                                     | <br>259    |                 |
|            | Located at ► 108 JOHNSTON STREET SAVANNAH GA ZIP + 4 ►   | 211                  | ) <u>5</u>     | ``<br>`````````````````````````````````` |            | - <del></del> - |
| 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  | ► <u>1</u>           | 5              | Ņ/Ą<br>—                                 | , <b>-</b> | ∐<br>N/A        |
| 16         | At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority bank, securities, or other financial account in a foreign country?   | over a               |                | 16                                       | Yes        | No<br>X         |
|            | See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country   |                      |                |  |            |                 |
| Par        | t:VII:B Statements Regarding Activities for Which Form 4720 May Be Required  |                      |                |  |            |                 |
|            | File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.  |                      |                |  | Yes        | No              |
| 1 a        | During the year did the foundation (either directly or indirectly):  |                      | _              |  |            |                 |
|            | (1) Engage in the sale or exchange, or leasing of property with a disqualified person?   | Yes                  | X No           |  |            |                 |
|            | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?   | Yes                  | XNo            |  | ·          | 3               |
|            | <ul><li>(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?</li><li>(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?</li></ul>  | Yes<br>Yes           | X No<br>X No   |  |            |                 |
|            | (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?  | <br>Yes              | ΧNο            |  |            |                 |
|            | (6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.).   | Yes                  | χNο            |  |            | ,               |
| ŧ          | If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions). Organizations relying on a current notice regarding disaster assistance check here  | )?                   |                | 1 b                                      | N          | /A              |
| c          | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?  | •                    |                | 1 c                                      |            | 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 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015?  | Yes                  | X No           |  |            |                 |
| t          | Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942 (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942 all years listed, answer 'No' and attach statement — see instructions)   | 2(a)(2)<br>(a)(2) to |                | 2 b                                      | N          | /A              |
| c          | If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years $\geq 20$ , $\geq 20$ , $\geq 20$ , $\geq 20$  | here.                |                |  |            |                 |
| 3 a        | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?   | Yes                  | X No           |  |            |                 |
| t          | olf 'Yes,' did it have excess business holdings in 2015 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 approve by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015) |                      |                | 3 b                                      | N          | /A              |
| <b>4</b> a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?  |                      |                | 4 a                                      |            | X               |
| t          | 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  |                      |                | 4 b                                      |            | X               |
| BAA        |  |                      | Foi            | m 990                                    | )-PF (     |                 |

| Form 990-PF (2015) MELVYN P. AND ELE  |   |   | 41-20  | 66152            | Page          |
|---|---|---|--|------------------|---------------|
| Partivil-B Statements Regarding Activit   |   | 1 4720 May Be Reg                               | uired (continued)                                      |                  |               |
| <ol> <li>5 a During the year did the foundation pay or inct</li> <li>(1) Carry on propaganda, or otherwise attem</li> </ol>                                   | -   | n (section 4945(e)\?                            | ∏Yes X   | No .             |               |
| (2) Influence the outcome of any specific pub   | lic election (see section                               |   |  |                  |               |
| on, directly or indirectly, any voter registra<br>(3) Provide a grant to an individual for travel,  |   | purposes?                                       | Yes X  | No<br>No         |               |
| (4) Provide a grant to an organization other to<br>in section 4945(d)(4)(A)? (see instructions  | han a charitable, etc, or                               | rganization described                           | Yes X  | No No            |               |
| (5) Provide for any purpose other than religio<br>educational purposes, or for the prevention   | us, charitable, scientific<br>in of cruelty to children | c, literary, or or animals?                     | Yes X  | No               |               |
| b If any answer is 'Yes' to 5a(1)-(5), did any of<br>described in Regulations section 53 4945 or in<br>(see instructions)?                                    | the transactions fail to<br>a current notice regard     | qualify under the exception disaster assistance | otions   | 5b               | N/A           |
| Organizations relying on a current notice rega  | rding disaster assistant                                | ce check here                                   | ▶ 🖺  |                  | N/A           |
| c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon   | sibility for the grant?                                 |   | N/A Yes  | No No            |               |
| If 'Yes,' attach the statement required by Reg  |   |   |  |                  |               |
| <ul><li>6 a Did the foundation, during the year, receive at on a personal benefit contract?</li><li>b Did the foundation, during the year, pay prem</li></ul> | • • • •   |   | ∐Yes X   | No 6 b           | X             |
| If 'Yes' to 6b, file Form 8870  | ums, directly or mairec                                 | tly, off a personal bene                        | in contract.   | 9.0              | ^             |
| 7a At any time during the tax year, was the found   | dation a party to a proh                                | ibited tax shelter transa                       | action? Yes X  | No No            |               |
| b If 'Yes,' did the foundation receive any proceed  |   |   | <u>`</u>   | N/A 7b           |               |
| Part VIII Information About Officers, D   | irectors, Trustees,                                     | Foundation Manag                                | gers, Highly Paid E                                    | Employees        | >,            |
| 1 List all officers, directors, trustees, foundation  | n managers and their                                    | compensation (see inst                          | ructions)  |                  |               |
| List all officers, directors, trustees, foundation  | (b) Title, and average                                  | (c) Compensation                                | (d) Contributions to                                   | (e) Expens       | e account     |
| (a) Name and address  | hours per week<br>devoted to position                   | (If not paid,<br>enter -0-)                     | employee benefit<br>plans and deferred<br>compensation |                  | llowances     |
| MELVYN P. GALIN   | DIRECTOR  | 0.  | 0.   |                  | 0             |
| 108 JOHNSTON STREET   | 2.00  | 16  |  |                  |               |
| SAVANNAH, GA 31405<br>ELEANOR N. GALIN  | DIRECTOR  | 0.  | 0.   |                  | 0             |
| 108 JOHNSTON STREET   | 1.00  | 0.  | 0.   |                  | U             |
| SAVANNAH, GA 31405  |   |   |  |                  |               |
|   |   |   |  |                  |               |
|   |   |   |  |                  |               |
|   |   |   |  | <u> </u>         |               |
|   |   |   |  |                  |               |
| 2 Compensation of five highest-paid employees (or   | ther than those included                                | on line 1 – see instructio                      | ns). If none, enter 'NONE                              | <u>.</u>         | <del></del> . |
| (a) Name and address of each employee   | (b) Title, and average                                  | (c) Compensation                                | (d)Contributions to                                    | (e) Expense      | e account,    |
| paid more than \$50,000   | hours per week<br>devoted to position                   |   | employee benefit<br>plans and deferred<br>compensation | other al         | lowances      |
| NONE  |   |   |  |                  |               |
|   |   |   |  |                  |               |
|   |   |   |  |                  |               |
|   |   |   |  |                  |               |
|   |   |   |  |                  |               |
|   |   |   |  | 1.               |               |
|   |   |   |  |                  |               |
|   |   |   |  |                  |               |
|   |   | <u> </u>  | ·  |                  |               |
|   |   |   |  |                  |               |
| Total number of other employees paid over \$50,000  | )   |   |  |                  | 0             |
| BAA   | TEEA0306L 10  | 0/13/15   | <u> </u>   | Form <b>990-</b> |               |
|   |   |   |  |                  |               |

| Form 990-PF (2015) MELVYN P. AND ELEANOR N. GALIN FAMILY   | 41-206                              | 56152 Page :     |
|--|-------------------------------------|------------------|
| Part VIII   Information About Officers, Directors, Trustees, Foundand Contractors (continued)  |                                     |                  |
| 3 Five highest-paid independent contractors for professional services (see ins   | structions). If none, enter 'NONE.' |                  |
| (a) Name and address of each person paid more than \$50,000  | (b) Type of service                 | (c) Compensation |
| NONE   |                                     |                  |
|  |                                     |                  |
|  |                                     |                  |
|  |                                     |                  |
|  |                                     |                  |
|  |                                     |                  |
|  |                                     |                  |
|  |                                     | <del></del>      |
|  |                                     |                  |
|  |                                     |                  |
|  |                                     |                  |
|  |                                     |                  |
| Total number of others receiving over \$50,000 for professional services   |                                     |                  |
|  |                                     | 0                |
| Rant IX A Summary of Direct Charitable Activities  |                                     |                  |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical organizations and other beneficiaries served, conferences convened, research papers produced, etc. | information such as the number of   | Expenses         |
| 1 CONTRIBUTIONS TO VARIOUS CHARITABLE ORGANIZATIONS  | 5                                   |                  |
|  |                                     |                  |
| 2  |                                     | 37,383.          |
| <sup>2</sup>   |                                     |                  |
|  |                                     |                  |
| 3  |                                     |                  |
|  |                                     |                  |
| 4  |                                     | <del></del>      |
| <b>"</b>   |                                     |                  |
|  |                                     |                  |
| Part IX-B Summary of Program-Related Investments (see instruct   | ions)                               |                  |
| Describe the two largest program-related investments made by the foundation during the t   | ax year on lines 1 and 2            | Amount           |
| 1  |                                     |                  |
| <u>N/A</u>   |                                     |                  |
| 2  |                                     |                  |
|  |                                     |                  |
|  |                                     |                  |
| All other program-related investments. See instructions.   |                                     |                  |
| 3  |                                     |                  |
|  |                                     |                  |
| Total, Add lines 1 through 3   |                                     |                  |

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

| 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes: a Average monthly fair market value of securities                          | 1 a       | 501,143.    |
|---|-----------|-------------|
| <b>b</b> Average of monthly cash balances   | 1 b       | 308,243.    |
| c Fair market value of all other assets (see instructions)  | 1 c       |             |
| d Total (add lines 1a, b, and c)  | 1 d       | 809,386.    |
| e Reduction claimed for blockage or other factors reported on lines 1a and 1c   |           |             |
| (attach detailed explanation) . [1e] 0.   |           |             |
| 2 Acquisition indebtedness applicable to line 1 assets  | 2         | <u> </u>    |
| 3 Subtract line 2 from line 1d  | 3         | 809,386.    |
| 4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)   | 4         | 12,141.     |
| 5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4   | 5         | 797,245.    |
| 6 Minimum investment return. Enter 5% of line 5.  | 6         | 39,862.     |
| Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private opera and certain foreign organizations check here \( \bigcap \) and do not complete this part.) | ting foun | dations     |
| 1 Minimum investment return from Part X, line 6.  | T 1 T     | 39,862.     |
| 2a Tax on investment income for 2015 from Part VI, line 5   | 2472      | 39,002.     |
| b Income tax for 2015. (This does not include the tax from Part VI) 2b  |           |             |
| c Add lines 2a and 2b   | 2 c       | 256.        |
| 3 Distributable amount before adjustments Subtract line 2c from line 1  | 3         | 39,606.     |
| 4 Recoveries of amounts treated as qualifying distributions   | 4         | 39,000.     |
| 5 Add lines 3 and 4   | 5         | 39,606.     |
| 6 Deduction from distributable amount (see instructions)  | 6         | 39,000.     |
| 7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1  | 7         | 39,606.     |
|   |           | 33,000.     |
| Part'XII Qualifying Distributions (see instructions)  |           |             |
| 1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes:   | 1794.46   |             |
| a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26  | 1 a       | 37,383.     |
| b Program-related investments — total from Part IX-B  | 1 b       |             |
| 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes .  | 2         | <del></del> |
| 3 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required)   | 3 a       |             |
| <b>b</b> Cash distribution test (attach the required schedule)  | 3 b       |             |
| 4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4  | 4         | 37,383.     |
| 5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income   |           |             |
| Enter 1% of Part I, line 27b (see instructions).  | 5<br>6    | 256.        |
| 6 Adjusted qualifying distributions. Subtract line 5 from line 4  | <u> </u>  | 37,127.     |
| Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the four qualifies for the section 4940(e) reduction of tax in those years  | ndation   |             |

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Part XIII 'Undistributed Income (see instructions)

|   | (a)<br>Corpus | (b)<br>Years prior to 2014 | <b>(c)</b><br>2014 | <b>(d)</b><br>2015                     |
|---|---------------|----------------------------|--------------------|--|
| Distributable amount for 2015 from Part XI, line 7  |               |                            |                    | 39,606.                                |
| 2 Undistributed income, if any, as of the end of 2015:  |               |                            |                    |  |
| a Enter amount for 2014 only  |               |                            | 36,685.            |  |
| <b>b</b> Total for prior years: 20, 20, 20  |               | 0.                         |                    | ······································ |
| 3 Excess distributions carryover, if any, to 2015:  |               |                            |                    |  |
| a From 2010 .   |               |                            |                    | ,                                      |
| <b>b</b> From 2011  |               |                            |                    |  |
| <b>c</b> From 2012  |               |                            |                    |  |
| <b>d</b> From 2013  |               |                            |                    |  |
| e From 2014   |               |                            |                    | 1                                      |
| f Total of lines 3a through e   | 0.            |                            |                    | <del></del>                            |
| 4 Qualifying distributions for 2015 from Part   |               |                            |                    | į                                      |
| XII, line 4: ► \$ 37, 383.  |               |                            | 26 605             |  |
| a Applied to 2014, but not more than line 2a  |               |                            | 36,685.            |  |
| <b>b</b> Applied to undistributed income of prior years (Election required – see instructions)    |               | 0.                         |                    |  |
| ` '   |               | 0.                         |                    |  |
| c Treated as distributions out of corpus (Election required — see instructions)                   | 0.            |                            |                    | 1                                      |
| d Applied to 2015 distributable amount  |               |                            |                    | 698.                                   |
| e Remaining amount distributed out of corpus.   | 0.            |                            |                    |  |
| 5 Excess distributions carryover applied to 2015  | 0.            |                            |                    | 0.                                     |
| (If an amount appears in column (d), the same amount must be shown in column (a) )                |               |                            |                    |  |
| Same amount must be shown in column (b)   |               |                            |                    | ال في                                  |
| 6 Enter the net total of each column as   |               |                            |                    |  |
| indicated below:  |               |                            |                    |  |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 .   | 0.            |                            |                    |  |
| <b>b</b> Prior years' undistributed income Subtract   |               |                            |                    | ļ.                                     |
| 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)  |               |                            |                    | į                                      |
| tax has been previously assessed  |               | 0.                         |                    | 1                                      |
| d Subtract line 6c from line 6b. Taxable  |               | 0.                         |                    | 1                                      |
| amount — see instructions.  |               | 0.                         |                    | <u> </u>                               |
| e Undistributed income for 2014. Subtract line 4a from line 2a Taxable amount — see instructions. |               |                            | 0.                 | ,                                      |
| ille Za Taxable afflouit — See histructions .   |               |                            |                    |  |
| f Undistributed income for 2015. Subtract lines   |               |                            |                    |  |
| 4d and 5 from line 1. This amount must be distributed in 2016.                                    |               |                            |                    | 38,908.                                |
| 7 Amounts treated as distributions out of   |               |                            |                    |  |
| corpus to satisfy requirements imposed by   |               |                            |                    | 1                                      |
| section 170(b)(1)(F) or 4942(g)(3) (Election may be required – see instructions)                  | 0.            |                            |                    | ,                                      |
| 8 Excess distributions carryover from 2010 not  |               |                            |                    | 74C -                                  |
| applied on line 5 or line 7 (see instructions).   | 0.            |                            |                    |  |
| 9 Excess distributions carryover to 2016.   |               |                            |                    |  |
| 9 Excess distributions carryover to 2016.<br>Subtract lines 7 and 8 from line 6a                  | 0.            |                            |                    |  |
| 10 Analysis of line 9:  |               |                            |                    | '                                      |
| a Excess from 2011 .  |               |                            |                    |  |
| b Excess from 2012  | ev is         |                            | ~ 601 - 1 - 1      | Actor of the section of the section of |
| c Excess from 2013  |               |                            |                    |  |
| d Excess from 2014  |               |                            |                    | ,                                      |
| e Excess from 2015  |               | <u> </u>                   | L                  | Form <b>990-PF</b> (2015)              |

| FORM 990-FF (2013) MELVIN F. AND EL   |                         |   | <del> </del>                                   | 41-2066152                                     |                        |
|---|-------------------------|---|--|--|------------------------|
| Private Operating Founda  1 a If the foundation has received a ruling or dete   |                         |   |  |  | N/A                    |
| is effective for 2015, enter the date of the  | ruling .                | •   |  | ie ruiing<br>►                                 |                        |
| <b>b</b> Check box to indicate whether the founda   | tion is a private op    | erating foundation                          | described in section                           | 4942(j)(3) or                                  | 4942(j)(5)             |
| 2a Enter the lesser of the adjusted net income from Part I or the minimum   | Tax year                |   | Prior 3 years                                  |  |                        |
| investment return from Part X for each year listed  | (a) 2015                | <b>(b)</b> 2014                             | (c) 2013                                       | (d) 2012                                       | (e) Total              |
| b 85% of line 2a  | <del></del>             | <del> </del>                                | <del> </del>                                   |  |                        |
| <ul> <li>Qualifying distributions from Part XII,<br/>line 4 for each year listed</li> </ul>   |                         |   |  |  |                        |
| d Amounts included in line 2c not used directly<br>for active conduct of exempt activities  |                         |   |  |  |                        |
| <ul> <li>Qualifying distributions made directly<br/>for active conduct of exempt activities<br/>Subtract line 2d from line 2c</li> </ul>          |                         |   |  |  |                        |
| 3 Complete 3a, b, or c for the<br>alternative test relied upon:   |                         |   |  |  | <del> </del>           |
| a 'Assets' alternative test — enter:  |                         |   | 1  |  |                        |
| (1) Value of all assets   |                         | ļ   | <u> </u>                                       |  | <del></del>            |
| (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<br>an exempt organization  |                         |   |  |  |                        |
| (4) Gross investment income   |                         |   |  |  |                        |
| Supplementary Information assets at any time during the   | (Complete this          | part only if the                            | foundation had                                 | \$5,000 or more                                | in                     |
| 1 Information Regarding Foundation Mana   |                         | Situations.)                                |  | <del></del>                                    |                        |
| a List any managers of the foundation who have close of any tax year (but only if they have SEE STATEMENT 5                                       | e contributed more th   | nan 2% of the total c<br>than \$5,000) (See | ontributions received to<br>section 507(d)(2)) | by the foundation befo                         | re the                 |
| <b>b</b> List any managers of the foundation who own  | 10% or more of the      | stock of a corporation                      | on (or an equally large                        | portion of the owners                          | hin of                 |
| a partnership or other entity) of which the NONE  | foundation has a 1      | 0% or greater inter                         | est.   | portion of the owners                          | TIIP OI                |
| 2 Information Regarding Contribution, Gra   | nt. Gift. Loan. Scho    | larship, etc. Progr                         | ams:   |  |                        |
| Check here X if the foundation only marequests for funds if the foundation make complete items 2a, b, c, and d                                    | ikes contributions to   | preselected charitab                        | le organizations and d                         | oes not accept unsoli<br>nizations under other | cited<br>r conditions, |
| a The name, address, and telephone number o   | r e-mail address of the | he person to whom a                         | pplications should be                          | addressed:                                     |                        |
|   |                         |   |  |  |                        |
|   |                         |   |  |  |                        |
| <b>b</b> The form in which applications should be   | submitted and infor     | mation and materia                          | als they should includ                         | le·  |                        |
| c Any submission deadlines  |                         |   |  | <del></del>                                    | <del></del>            |
|   |                         |   |  |  |                        |
| d Any restrictions or limitations on awards,  | such as by geograp      | hical areas, charita                        | ible fields, kinds of in                       | nstitutions, or other f                        | actors                 |
|   | _                       |   |  |  |                        |

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| a Paid during the year SEE ATTACHED SCHEDULE  PF  37, 36 | a Paid during the year SEE ATTACHED SCHEDULE  PF  37, 383  Total  ▶ 3a 37, 383 | 3 Grants and Contributions Paid During the Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or contribution | Amount  |
|--|--|--|---|--------------------------------------|----------------------------------|---------|
| SEE ATTACHED SCHEDULE  PF  37, 36                        | Total  b Approved for future payment  Total                                    |  | substantial contributor   | recipient                            |                                  |         |
| Total ▶ 3a 37,38   | Total  b Approved for future payment  → 3a 37,38:                              |  |   | 1 1                                  |                                  |         |
|  | b Approved for future payment  |  |   |                                      |                                  | 37,383. |
|  | b Approved for future payment  |  |   |                                      |                                  |         |
|  | b Approved for future payment  |  |   | 1                                    |                                  |         |
|  | b Approved for future payment  |  |   | <u> </u>                             | <b>D</b> 20                      | 27 202  |
| B Approved for future payment                            |  |  | <del></del>   | <del></del>                          | . <u>- 3a</u>                    | 37,383. |
|  |  | <b>u</b> Approved for fature payment                 |   |                                      |                                  |         |

| Part XVI-A | Analysis | of Income-I | Producing | Activities |
|------------|----------|-------------|-----------|------------|
|------------|----------|-------------|-----------|------------|

| Enter gross amounts unless otherwise indicated.   |                            | d business income    | <del></del>           | d by section 512, 513, or 514 | (e)  |
|---|----------------------------|----------------------|-----------------------|-------------------------------|--|
| Program service revenue:  | (a)<br>Business<br>code    | <b>(b)</b><br>Amount | (c)<br>Exclu-<br>sion | (d)<br>Amount                 | Related or exempt function income (See instructions)   |
| a   |                            |                      | code                  |                               | <del></del>  |
| · · · · · · · · · · · · · · · · · · ·   |                            |                      | <del> </del>          |                               | <del></del>  |
|   | <del></del>                | <del></del>          | <del> </del>          | <u> </u>                      | <del>                                     </del>       |
| d   |                            |                      | <del>-</del>          |                               |  |
| e   | <del></del>                |                      | <del></del>           |                               |  |
| f   |                            | <del></del>          |                       |                               |  |
| g Fees and contracts from government agencies   |                            |                      | <u> </u>              |                               |  |
| 2 Membership dues and assessments   |                            |                      |                       |                               |  |
| 3 Interest on savings and temporary cash investments  |                            |                      | 14                    | 25,838.                       |  |
| 4 Dividends and interest from securities  |                            |                      | 14                    | 2,271.                        |  |
| 5 Net rental income or (loss) from real estate:   | enderstyretistet 1 fram en | تن و ت بيم در ده .   | *                     | - 3 % //                      | in and in the section of the section of the section of |
| a Debt-financed property  |                            |                      |                       |                               |  |
| <b>b</b> Not debt-financed property   |                            |                      |                       |                               |  |
| 6 Net rental income or (loss) from personal property  | [                          |                      |                       |                               |  |
| 7 Other investment income   |                            |                      |                       |                               |  |
| 8 Gain or (loss) from sales of assets other than inventory  |                            |                      |                       |                               |  |
| 9 Net income or (loss) from special events  |                            |                      |                       |                               |  |
| 10 Gross profit or (loss) from sales of inventory   |                            |                      |                       |                               |  |
| 1) Other revenue:   |                            |                      |                       | us t                          | とういろ しかかんこう 数な   |
| a   |                            |                      |                       |                               |  |
| b   |                            |                      |                       |                               |  |
| c   |                            |                      | -                     |                               |  |
| d   |                            |                      | -                     |                               |  |
|   |                            |                      |                       |                               |  |
| e   |                            |                      | +                     |                               |  |
| e Subtotal. Add columns (b), (d), and (e)   | · Markey                   |                      | Se                    | 28,109.                       |  |
| 13 Total. Add line 12, columns (b), (d), and (e)  |                            |                      | 80.30                 | 28,109.<br>13                 | 28,109.  |
| 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculate.   | ations.)                   |                      |                       | 13                            | 28,109.  |
| 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculate.   | ations.)                   | shment of Exemp      |                       | 13                            | 28,109.  |
| 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activities to t   | ations.) he Accompli       |                      | ot Purp               | oses                          |  |
| 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activities to t  Line No. Explain below how each activity for which accomplishment of the foundation's exem   | ations.) he Accompli       |                      | ot Purp               | oses                          |  |
| 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activities to t   | ations.) he Accompli       |                      | ot Purp               | oses                          |  |
| 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activities to t  Line No. Explain below how each activity for which accomplishment of the foundation's exem   | ations.) he Accompli       |                      | ot Purp               | oses                          |  |
| 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activities to t  Line No. Explain below how each activity for which accomplishment of the foundation's exem   | ations.) he Accompli       |                      | ot Purp               | oses                          |  |
| 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activities to t  Line No. Explain below how each activity for which accomplishment of the foundation's exem   | ations.) he Accompli       |                      | ot Purp               | oses                          |  |
| 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activities to t  Line No. Explain below how each activity for which accomplishment of the foundation's exem   | ations.) he Accompli       |                      | ot Purp               | oses                          |  |
| 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activities to t  Line No. Explain below how each activity for which accomplishment of the foundation's exem   | ations.) he Accompli       |                      | ot Purp               | oses                          |  |
| 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activities to t  Line No. Explain below how each activity for which accomplishment of the foundation's exem   | ations.) he Accompli       |                      | ot Purp               | oses                          |  |
| 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activities to t  Line No. Explain below how each activity for which accomplishment of the foundation's exem   | ations.) he Accompli       |                      | ot Purp               | oses                          |  |
| 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activities to t  Line No. Explain below how each activity for which accomplishment of the foundation's exem   | ations.) he Accompli       |                      | ot Purp               | oses                          |  |
| 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activities to t  Line No. Explain below how each activity for which accomplishment of the foundation's exem   | ations.) he Accompli       |                      | ot Purp               | oses                          |  |
| 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activities to t  Line No. Explain below how each activity for which accomplishment of the foundation's exem   | ations.) he Accompli       |                      | ot Purp               | oses                          |  |
| 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activities to t  Line No. Explain below how each activity for which accomplishment of the foundation's exem   | ations.) he Accompli       |                      | ot Purp               | oses                          |  |
| 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activities to t  Line No. Explain below how each activity for which accomplishment of the foundation's exem   | ations.) he Accompli       |                      | ot Purp               | oses                          |  |
| 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activities to t  Line No. Explain below how each activity for which accomplishment of the foundation's exem   | ations.) he Accompli       |                      | ot Purp               | oses                          |  |
| 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activities to t  Line No. Explain below how each activity for which accomplishment of the foundation's exem   | ations.) he Accompli       |                      | ot Purp               | oses                          |  |
| 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activities to t  Line No. Explain below how each activity for which accomplishment of the foundation's exem   | ations.) he Accompli       |                      | ot Purp               | oses                          |  |
| 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activities to t  Line No. Explain below how each activity for which accomplishment of the foundation's exem   | ations.) he Accompli       |                      | ot Purp               | oses                          |  |
| 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activities to t  Line No. Explain below how each activity for which accomplishment of the foundation's exem   | ations.) he Accompli       |                      | ot Purp               | oses                          |  |
| 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activities to t  Line No. Explain below how each activity for which accomplishment of the foundation's exem   | ations.) he Accompli       |                      | ot Purp               | oses                          |  |
| 13 Total. Add line 12, columns (b), (d), and (e)  See worksheet in line 13 instructions to verify calcula  Part XVI-B Relationship of Activities to t  Line No. Explain below how each activity for which accomplishment of the foundation's exem | ations.) he Accompli       |                      | ot Purp               | oses                          | 28,109.  |
| 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activities to t  Line No. Explain below how each activity for which accomplishment of the foundation's exem   | ations.) he Accompli       |                      | ot Purp               | oses                          |  |

## Form 990-PF (2015) MELVYN P. AND ELEANOR N. GALIN FAMILY 41-2066152 Part XVII. Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

|                 |   |                                       |  |                                   |  |  | 1 1              | Yes       | No          |
|-----------------|---|---------------------------------------|--|-----------------------------------|--|--|------------------|-----------|-------------|
| 1 Did           | the organization directly<br>(cribed in section 501(c     | y or indirectly e<br>of the Code (of  | ngage in any of the follow<br>ther than section 501(c)(3                                   | ring with<br>) organiz            | any other organizatior<br>zations) or in section 5   | 1<br>27.   |                  | -         | . ;         |
| rela            | ating to political organiza                               | ations?                               |  | ,                                 |  | ,  | اد ا             | ·, ·      |             |
| a ⊤ra           | nsfers from the reporting                                 | g foundation to                       | a noncharitable exempt of  | rganızat                          | ion of:  |  |                  |           | . 75        |
| (1)             | Cash .  |                                       | • •  | •                                 |  |  | 1 a (1)          |           | X           |
| (2)             | Other assets  |                                       |  |                                   |  |  | 1 a (2)          |           | X           |
| <b>b</b> Oth    | er transactions:  |                                       |  |                                   |  |  |                  |           |             |
| (1)             | Sales of assets to a no                                   | ncharitable exe                       | mpt organization .   |                                   |  |  | - 1 b (1)        |           | Х           |
| (2)             | Purchases of assets fro                                   | om a noncharita                       | ble exempt organization  |                                   |  |  | 1 b (2)          |           | Х           |
| (3)             | Rental of facilities, equi                                | pment, or othe                        | r assets   |                                   |  |  | 1 b (3)          |           | X           |
| (4)             | Reimbursement arrange                                     | ements .                              |  |                                   |  |  | 1 b (4)          |           | X           |
| (5)             | Loans or loan guarante                                    | es                                    |  |                                   |  |  | 1 b (5)          |           | X           |
| (6)             | Performance of service                                    | s or membersh                         | ip or fundraising solicitation   | ons                               | •  | •  | 1 b (6)          |           | X           |
| c Sha           | aring of facilities, equipn                               | nent, mailing lis                     | sts, other assets, or paid e   | employee                          | es ,   |  | 1 c              |           | X           |
|                 |   |                                       |  |                                   |  |  |                  | _         |             |
| d If the        | he answer to any of the<br>goods, other assets, or se     | above is 'Yes,'<br>ervices given by   | complete the following so<br>the reporting foundation If the<br>how in column (d) the vali | hedule (<br>he found<br>le of the | Column <b>(b)</b> should always always are seen as a column received less than a column assets of the column assets of | ays show the fair r<br>fair market value in<br>or services receive | narket valı<br>d | ue of     |             |
| (a) Line n      |   |                                       | of noncharitable exempt organization   |                                   | (d) Description of trans   | <del> </del>   |                  | gement    |             |
| <del></del>     | O. (D) Amount involved                                    | (C) Name (                            | of Honoraritable exempt organization   |                                   | (a) bescription of dans  | rero, transactions, and  | onaring arran    | gerrieri  | <del></del> |
| N/A             |   | · · · · · · · · · · · · · · · · · · · |  |                                   |  |  |                  |           |             |
|                 |   |                                       |  |                                   |  |  |                  |           |             |
|                 |   |                                       |  |                                   | ··   |  |                  |           |             |
|                 |   |                                       |  |                                   |  | <del> </del>   |                  |           |             |
|                 |   |                                       |  |                                   |  |  |                  |           |             |
|                 |   | <del> </del>                          |  | <del> </del>                      |  |  |                  |           |             |
| <del> </del>    |   | <del> </del>                          |  |                                   | ·  |  |                  |           |             |
|                 |   | <del></del>                           |  |                                   | <del></del>  |  |                  |           |             |
|                 |   | <del> </del>                          |  |                                   |  |  |                  |           |             |
|                 |   |                                       |  |                                   |  |  |                  |           |             |
|                 | <u> </u>  | <del> </del>                          |  |                                   |  |  |                  |           |             |
|                 |   |                                       |  |                                   |  | • •  |                  |           |             |
|                 | _   | <del>- </del>                         | <del></del>  |                                   |  |  |                  |           |             |
|                 | <del>-   </del>   |                                       |  |                                   |  | •  |                  |           |             |
|                 |   | <del> </del>                          |  |                                   | ···········  | <del></del>  |                  |           |             |
|                 |   |                                       |  | l.                                |  |  |                  |           |             |
| 2 a ls t<br>des | he foundation directly or in<br>scribed in section 501(c) | ndirectly affiliated of the Code (o   | d with, or related to, one or<br>ther than section 501(c)(3                                | more tax )) or in s               | exempt organizations section 527?  |  | Yes              | X         | No          |
| <b>b</b> If "   | Yes,' complete the follow                                 | ving schedule.                        |  |                                   |  | <u> </u>   |                  |           |             |
| _               | (a) Name of organiza                                      | tion                                  | (b) Type of organ  | ization                           | (c)  | Description of rel   | ationship        |           |             |
| N/A             | <u> </u>  |                                       |  |                                   |  |  |                  |           |             |
|                 |   |                                       |  |                                   |  |  |                  |           |             |
|                 |   |                                       |  |                                   |  |  |                  |           |             |
|                 |   |                                       |  |                                   |  |  |                  |           |             |
|                 |   |                                       |  |                                   |  |  |                  |           |             |
|                 | Under penalties of perjury, I decl                        | are that I have exam                  | ined this return, including accomp<br>than taxpayer) is based on all info                  | anying sche                       | edules and statements, and to  | the best of my knowledg  | e and belief, if | is true   | ,           |
| Sign            | correct, and complete Declaration                         | on of preparer (other                 | than taxpayer) is based on air inic  | mation of                         | which preparer has any knowle  | age.   | May the I        | RS disc   | uss         |
| Here            | $\mathcal{O}\mathcal{M}_{\mathcal{M}}$                    | $\mu$                                 | $^{\circ}$ $\Lambda$ $t_{c}$ $t_{c}$   | 1 0-1                             | / DEPREMENT /  | ~~~  | this returi      | 1 with th | ne [        |
|                 | - wyw   | , Jam                                 |  | 1,201                             | <del></del>  | PRESIDENT  | _ (see ipstr     | uctions)  | <u>~</u>    |
|                 | Signature of officer or trustee                           | 2ma                                   | Preparer's signature   | $-\Lambda$                        | Title Date   | <del>-     -   -   -   -   -   -   -   -</del>                     | X                | Yes       | No          |
|                 | Print/Type preparer's n                                   |                                       | Prepart's signature  | [1]                               | <b>T</b>   | Checkif  |                  |           |             |
| Paid            |   | OTIN, CPA                             | July 1.  | 100                               | <b>~</b>   6/27/16   | self-employed  | P00070           | 631       |             |
| Prepar          |   | KRT, CPAS                             |  |                                   |  | Firm's EIN ► 58-1  | 202894           |           |             |
| Use O           |   |                                       | CORN STREET SUIT   | E 200                             | . <u>.</u>   |  |                  |           |             |
|                 |   | SAVANNAH,                             | GA 31405   |                                   |  | Phone no (912  | ) 232-           |           |             |
| BAA             |   |                                       |  |                                   |  |  | Form 991         | )-PF (    | 2015)       |

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

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

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

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

OMB No 1545-0047

2015

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

| Name of the organization METAVN P AND   | D ELEANOR N. GALIN FAMILY  | Employer Identification number   |
|---|--|--|
| FOUNDATION,   | INC.   | 41-2066152   |
| Organization type (check one):  |  |  |
| Filers of:  | Section:   |  |
| Form 990 or 990-EZ  | 501(c)( ) (enter number) organization  |  |
|   | 4947(a)(1) nonexempt charitable trust not trea   | ited 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 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   | e and a Special Rule. See instructions.  |
| General Rule  |  |  |
| Y For an organization filing Form 990   | 990-EZ, or 990-PF that received, during the year, contribu Complete Parts I and II See instructions for determining a  | itions totaling \$5,000 or more (in money or contributor's total contributions.                                    |
| Special Rules   |  |  |
|   | ction 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/0(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, during the year, total contributions of the greater of (1) \$5,0 form 990-EZ, line 1. Complete Parts I and II   | . line 13. 16a. or 16b. and that   |
| For an organization described in se during the year, total contributions opurposes, or for the prevention of contributions of contributions of contributions. | ction 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that r<br>of more than \$1,000 <i>exclusively</i> for religious, charitable, sci<br>ruelty to children or animals. Complete Parts I, II, and III.  | eceived from any one contributor, ientific, literary, or educational   |
| during the year, contributions exclu-<br>\$1,000 If this box is checked, enter<br>charitable, etc., purpose Do not co   | ction 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that resident for religious, charitable, etc., purposes, but no such or here the total contributions that were received during the management of the parts unless the <b>General Rule</b> applies to charitable, etc., contributions totaling \$5,000 or more during | contributions totaled more than<br>year for an <i>exclusively</i> religious,<br>this organization bec <u>a</u> use |
| Caution. An organization that is not congo-PF), but it must answer 'No' on Pa Part I. line 2, to certify that it does not                                     | vered by the General Rule and/or the Special Rules does no<br>rt IV, line 2, of its Form 990, or check the box on line H of<br>meet the filing requirements of Schedule B (Form 990, 990   | ot file Schedule B (Form 990, 990-EZ, or<br>its Form 990-EZ or on its Form 990-PF,<br>i-EZ, or 990-PF).            |

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

|               | B (Form 990, 990-EZ, or 990-PF) (2015)  | Page                          | 1 of 1 of Part  |
|---------------|---|-------------------------------|---|
| Name of org   | N P. AND ELEANOR N. GALIN FAMILY  | 1 7 7                         | r identification number   |
| Part I        | Contributors (see instructions). Use duplicate copies of Part I if additional space | is needed.                    | ,   |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
| 1             | MELVYN AND ELEANOR GALIN  |                               | Person X Payroll  |
|               | 108 JOHNSTON STREET   | \$50,000.                     | Noncash   |
|               | SAVANNAH, GA 31405  | <br> -<br>                    | (Complete Part II for noncash contributions.)                       |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
|               |   | -<br>-<br>-<br>-<br>-         | Person Payroll Complete Part II for noncash contributions )         |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
|               |   | -<br>-<br>-<br>-<br>-         | Person Payroll Noncash Complete Part II for noncash contributions ) |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
|               |   | -<br>-<br>\$                  | Person Payroll Noncash Complete Part II for noncash contributions ) |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
|               |   | -\$                           | Person Payroll Complete Part II for noncash contributions )         |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
|               |   | \$                            | Person Payroll Noncash Complete Part II for                         |
| BAA           | TEFA07021 10/12/15  | Cabadala B (Farance)          | noncash contributions.)   |

1 of Part I

Page

1 to\_\_\_\_

1 of Part II

MELVYN P. AND ELEANOR N. GALIN FAMILY

Employer identification number 41-2066152

| (a) No.<br>from<br>Part I | (b) Description of noncash property given  | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|---------------------------|--|--|----------------------|
|                           | N/A  |  |                      |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given | (c) FMV (or estimate) (see instructions)       | (d)<br>Date received |
|                           |  | \$_ <b></b>                                    |                      |
| (a) No.<br>from<br>Part I | (b) Description of noncash property given  | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |  | \$   |                      |
| (a) No.<br>from<br>Part I | (b) Description of noncash property given  | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |  | \$   |                      |
| (a) No.<br>from<br>Part I | (b) Description of noncash property given  | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |  | \$   |                      |
| (a) No.<br>from<br>Part I | (b) Description of noncash property given  | (c) FMV (or estimate) (see instructions)       | (d)<br>Date received |
|                           |  | \$   |                      |

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

of Part III

lame of organization MFI.VYN P. AND ELEANOR N. GALIN FAMILY Employer identification number 41-2066152

| MDD   11   1   1   1   1   1   1   1   1  |                     |
|---|---------------------|
| Part'll! Exclusively religious, charitable, etc., contributions to organization         |                     |
| or (10) that total more than \$1,000 for the year from any one contributor.             |                     |
| the following line entry. For organizations completing Part III, enter the total of ex- |                     |
| contributions of \$1,000 or less for the year. (Enter this information once. See instr  | ructions.) . ►\$ N/ |

Use duplicate copies of Part III if additional space is needed (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (a) No. from Part i (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (a) No. from Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. from Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. from Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

| 2015            |                      | RAL STATE                    |                                 |                               | PAGE 1                        |
|-----------------|----------------------|------------------------------|---------------------------------|-------------------------------|-------------------------------|
|                 | MEL                  | FOUNDATION,                  | N. GALIN FAMIL'                 | ſ<br>                         | 41-2066152                    |
|                 |                      |                              |                                 |                               |                               |
|                 |                      |                              |                                 |                               |                               |
|                 |                      |                              |                                 |                               |                               |
|                 |                      |                              |                                 |                               |                               |
| STATEMENT-#     |                      |                              |                                 |                               |                               |
| FORM 990-PF, PA | RT I, LINE 16B<br>ES |                              |                                 |                               |                               |
| ACCOUNTING FE   |                      |                              |                                 |                               |                               |
| ACCOUNTING FE   |                      | (A)<br>EXPENSES<br>PER BOOKS | (B) NET<br>INVESTMENT<br>INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |

| STATEMENT 2                  |
|------------------------------|
| FORM 990-PF, PART I, LINE 23 |
| OTHER EXPENSES               |

|   |       | <br>(A)<br>ENSES<br>BOOKS | (B) NET INVESTMENT INCOME | (C) ADJUSTED NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
|---|-------|---------------------------|---------------------------|-------------------------|-------------------------------|
| ADMINISTRATIVE COSTS<br>BANK FEES<br>TAXES AND LICENSES |       | \$<br>28.<br>48.<br>530.  |                           |                         |                               |
|   | TOTAL | \$<br>606.                | \$ 0.                     | \$ 0.                   | \$ 0.                         |

### STATEMENT 3-FORM 990-PF, PART II, LINE 7 OTHER NOTES AND LOANS RECEIVABLE

|                       |       |             | FAIR MARKET | DOUBTFUL<br>ACCOUNTS |
|-----------------------|-------|-------------|-------------|----------------------|
| OTHER NOTES AND LOANS |       | BOOK VALUE  | VALUE_      | ALLOWANCE            |
| N/R - GALIN MORTGAGE  |       | \$ 225,000. | \$ 225,000. | \$ 0.                |
| ·                     | TOTAL | \$ 225,000. | \$ 225,000. |                      |

ALLOWANCE FOR DOUBTFUL ACCOUNTS \$ NET OTHER NOTES/LOANS REC. - BOOK VALUE \$

2015.

#### **FEDERAL STATEMENTS**

MELVYN P. AND ELEANOR N. GALIN FAMILY FOUNDATION, INC.

PAGE 2

41-2066152

STATEMENT 4 FORM 990-PF, PART III, LINE 3 OTHER INCREASES

PRIOR PERIOD ADJUSTMENT - CASH BALANCES

TOTAL \$ 87,740.

STATEMENT 5 FORM 990-PF, PART XV, LINE 1A FOUNDATION MANAGERS - 2% OR MORE CONTRIBUTORS

MELVYN P. GALIN ELEANOR N. GALIN

# THE MELVYN P. AND ELEANOR N. GALIN FAMILY FOUNDATION GRANTS, 2015

|   | Date  | Ck #* | Amount |
|---|-------|-------|--------|
| Alpha Epsilon Pi Foundation<br>8815 Wesleyan Rd.<br>Indianapolis IN 46268                                   | 12/26 | Q857  | 50.00  |
| Alpha Epsilon Pi Foundation<br>8815 Wesleyan Rd.<br>Indianapolis IN 46268                                   | 12/26 | Q911  | 500.00 |
| Alzheimer's Association<br>PO Box 96011<br>Washington, DC 20090-6011  | 12/26 | C1241 | 50.06  |
| American Associates Ben-Gurion<br>University of the Negev<br>1001 Ave. of the Americas<br>New York NY 10018 | 12/26 | C1242 | 25.00  |
| American Cancer Society<br>250 Williams St., NW<br>Atlanta GA 30303   | 12/26 | C1243 | 50.00  |
| American Diabetes Association<br>1701 N. Beauregard St.<br>Alexandria VA 22311                              | 12/26 | C1244 | 25.00  |
| American Friends of the<br>Hebrew University<br>One Battery Park Plaza<br>New York NY 10004                 | 12/26 | C1245 | 25.00  |
| American Heart Association<br>7272 Greenville Ave.<br>Dallas TX 75231                                       | 01/21 | C1199 | 50.00  |
| American Jewish Historical Society<br>15 W. 16 <sup>th</sup> St.<br>New York NY 10011-6301                  | 12/26 | C1246 | 25.00  |

| American Jewish World Service<br>45 West 36 <sup>th</sup> St.<br>New York NY 10018       | 12/26 | C1247 | 50.00 |
|--|-------|-------|-------|
| American Kidney Fund<br>11921 Rockville Pike<br>Rockville MD 20852                       | 12/26 | C1248 | 25.00 |
| American Legion<br>700 N. Pennsylvania St.<br>Indianapolis IN 46204                      | 12/26 | C1249 | 25.00 |
| American Lung Association<br>55 W. Wacker Dr.<br>Chicago IL 60601                        | 12/26 | C1250 | 50.00 |
| American Red Cross<br>2025 E St., NW<br>Washington, DC 20006                             | 12/26 | C1251 | 25.00 |
| American Society for<br>Yad Vashem, Inc.<br>500 5 <sup>th</sup> Ave<br>New York NY 10110 | 12/26 | C1252 | 25.00 |
| Americares<br>88 Hamilton Ave,<br>Stamford CT 06902                                      | 12/26 | C1253 | 35.00 |
| America's Second Harvest<br>2501 E. President St.<br>Savannah GA 31404-1101              | 12/26 | Q886  | 10.00 |
| Amnesty International<br>5 Penn Plaza<br>New York NY 10001                               | 12/26 | C1254 | 25.00 |
| AMVETS National Service Foundation<br>4647 Forbes Blvd.<br>Lanham MD 20706               | 12/26 | C1255 | 25.00 |
| Anti-Defamation League<br>605 third Ave.<br>New York NY 10158-3560                       | 12/26 | C1256 | 25.00 |

٠٠.

| Arbor Day Foundation<br>100 Arbor Ave.<br>Nebraska City NE 68410                    | 05/17 | C1220  | 20.00 |
|---|-------|--------|-------|
| The Arthritis Foundation<br>1330 W. Peachtree St.<br>Atlanta GA 30309               | 12/26 | C1257  | 25.00 |
| ASPCA<br>424 E. 92 <sup>nd</sup> St.<br>New York NY 10128-6804                      | 12/26 | C1258  | 25.00 |
| Associates of Skidaway Institute<br>10 Ocean Science Circle<br>Savannah GA 31411    | 12/26 | C1259  | 25.00 |
| Autism Society of America<br>4340 East-West Highway<br>Bethesda MD 20814            | 12/26 | C1260  | 50.00 |
| B'nai B'rith International<br>1120 20 <sup>th</sup> St., NW<br>Washington, DC 20036 | 12/26 | C1261  | 50.00 |
| B'nai B'rith Youth Organization<br>800 Eighth St., NW<br>Washington, DC 20001       | 12/26 | C1262  | 50.00 |
| Boy Scouts of America<br>11900 Abercorn St.<br>Savannah GA 31419                    | 12/26 | C1263  | 25.00 |
| Boys Town<br>14100 Crawford St.<br>Boys Town NE 68010                               | 12/26 | CC1264 | 25.00 |
| Boys Town Jerusalem<br>Foundation of America<br>1 Penn Plaza<br>New York NY 10119   | 12/26 | C1265  | 25.00 |
| Braille Institute of America<br>741 N. Vermont Ave.<br>Los Angeles CA 90029-9988    | 12/26 | C1266  | 25.00 |

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| Brigham and Women's Hospital<br>(The Fund for)<br>75 Frances St.<br>Boston MA 02115                              | 12/26        | Q887  |                | 500.00          |
|--|--------------|-------|----------------|-----------------|
| CARE<br>151 Ellis St., NE<br>Atlanta GA 30303  | 12/26        | C1267 |                | 25.00           |
| Center for Eye Research and Education<br>50 Staniford St., Suite 600<br>Boston MA 02114                          | 12/26        | Q888  |                | 100.00          |
| Center for Jewish History<br>15 W 16 <sup>th</sup> St.<br>New York NY 10114-1201                                 | 12/26        | C1268 |                | 50.00           |
| Chatham Savannah Citizen's Advocacy<br>517 E. Congress St.<br>Savannah GA 31401                                  | 12/26        | C1269 |                | 100.00          |
| Children's Wish Foundation Intl.<br>8615 Roswell Rd.<br>Atlanta GA 30350-1822                                    | 12/26        | C1270 |                | 10.00           |
| Civil War Trust<br>1156 15 <sup>th</sup> West St., NW<br>Washington, DC 20005                                    | 07/10        | C1226 |                | 35.00           |
| Civil War Trust<br>1156 15 <sup>th</sup> St., NW<br>Washington, DC 20005   | 12/26        | Q889  |                | 35.00           |
| Cleveland Clinic Foundation<br>9500 Euclid Ave.<br>Cleveland OH 44195  | 12/26        | Q892  |                | 1,000.00        |
| Coastal Heritage Society<br>303 MLK Blvd.<br>Savannah GA 31401   | 03/1<br>06/1 |       | C1209<br>C1223 | 50.00<br>100.00 |
| Committee for Accuracy in Middle<br>East Reporting in America (CAMERA)<br>P.O. Box 35040<br>Boston MA 02135-9940 | 12/2         | 6     | C1271          | 25.00           |

| Congregation Agudath Achim 9 Lee Blvd. Savannah GA 31405                      | 02/10<br>03/10<br>04/26<br>05/25<br>06/15<br>07/15<br>08/01<br>08/20<br>10/29<br>10/28<br>11/17<br>12/23<br>12/28<br>12/30 | C1202<br>C1208<br>C1217<br>C1221<br>C1224<br>C1229<br>C1231<br>C1233<br>C1237<br>C1238<br>C1240<br>Q912<br>Q913<br>C1316 | 100.00<br>72.00<br>10.00<br>66.00<br>20.00<br>48.00<br>1,600.00<br>72.00<br>136.00<br>40.00<br>160.00<br>550.00<br>10.00<br>3,600.00 |
|---|--|--|--|
| Consumer Reports Foundation<br>PO Box 96552<br>Washington, DC 20090-6552      | 12/26  | C1272  | 25.00  |
| Crohn's & Colitis Foundation<br>733 third Ave.<br>New York NY 10017           | 12/26  | C1273  | 25.00  |
| Cystic Fibrosis Foundation<br>537 Long Point Rd.<br>Mt. Pleasant SC 29464     | 12/26  | C1274  | 25.00  |
| Disabled American Veterans<br>3725 Alexandria Pike<br>Cold Spring KY 41076    | 12/26  | C1275  | 25.00  |
| Doctors Without Borders<br>333 7 <sup>th</sup> Ave.<br>New York NY 10001-5004 | 12/26  | C1276  | 150.00   |
| Earthjustice<br>50 California St., Ste. 500<br>San Francisco CA 94111         | 12/26  | Q802   | 25.00  |
| Easter Seals<br>233 S. Wacker Dr.<br>Chicago IL 60606                         | 12/26  | C1277  | 25.00  |
| Environmental Defense Fund<br>257 Park Ave, South<br>New York NY 10010        | 12/26  | C1278  | 25.00  |

| Epilepsy Foundation<br>8301 Professional Place E<br>Landover MD 20785-2353  | 12/26 | C1279  | 25.00    |
|---|-------|--------|----------|
| ETV Endowment of South Carolina<br>1041 George Rogers Blvd.<br>Columbia SC 29201-4761                                 | 01/26 | C1200  | 183.00   |
| ETV Endowment of South Carolina<br>1041 George Rogers Blvd.<br>Columbia SC 29201-4761                                 | 12/26 | Q909   | 24000    |
| FINCA (Foundation for International<br>Community Assistance)<br>1201 15 <sup>th</sup> St., NW<br>Washington, DC 20005 | 12/26 | C1280  | 25.00    |
| Friends of Israel Disabled Veterans, Inc.<br>PO Box 1548<br>New York NY 10277-4401                                    | 12/26 | C1281  | 50.00    |
| Friends of the Earth<br>1100 15 <sup>th</sup> St., NW, 11 <sup>th</sup> Floor<br>Washington, DC 20005                 | 12/26 | Q883   | 25.00    |
| Friends of the Smithsonian<br>1000 Jefferson Drive, SW<br>Washington, DC 20560  | 05/29 | C1222  | 250.00   |
| Georgia Historical Society<br>501 Whitaker St.<br>Savannah GA 31401   | 03/04 | C1205  | 100.00   |
| Georgia Public Broadcasting<br>260 14 <sup>th</sup> St., NW<br>Atlanta GA 30318                                       | 12/26 | C11282 | 30.00    |
| Georgia Tech Alumni Association<br>190 North Ave., NW<br>Atlanta GA 30313-9806  | 12/26 | Q890   | 250.00   |
| Georgia Tech Foundation<br>760 Spring St., NW<br>Atlanta GA 30308   | 12/26 | Q891   | 4,250.00 |

| Guide Dog Foundation for the Blind<br>371 E. Main St. (Jericho Tpke)<br>Smithtown NY 11787-9897                    | 12/26          | C1283          | 25.00          |
|--|----------------|----------------|----------------|
| Guide Dogs for the Blind<br>350 Las Ranchitos Rd.<br>San Rafael CA 94903   | 12/26          | Q884           | 25.00          |
| Habitat for Humanity<br>519 Memorial Drive, SE<br>Atlanta GA 30312   | 12/26          | C1284          | 25.00          |
| Hadassah<br>50 W. 58 <sup>th</sup> St.<br>New York NY 10019  | 02/19<br>09/04 | C1204<br>C1235 | 50.00<br>25.00 |
| Handicap International<br>6930 Carroll Ave., Suite 240<br>Takoma Park, MD 20912                                    | 12/26          | C1285          | 25.00          |
| Hearing Health Foundation<br>363 Seventh Ave., 10 <sup>th</sup> Fl.<br>New York NY 10001-3904                      | 12/26          | C1286          | 25.00          |
| Helen Keller International<br>352 Park Ave. South<br>New York NY 10010   | 12/26          | C1287          | 25.00          |
| Hillel International<br>800 8 <sup>th</sup> St., NW<br>Washington DC 20001   | 12/26          | C1288          | 50.00          |
| Indiana University Foundation<br>PO Box 6465<br>Bloomington IN 47402   | 12/26          | Q895           | 200.00         |
| Indiana University Foundation<br>Alumnae Fund<br>P. O. Box 500<br>Bloomington IN 47402                             | 12/26          | Q896           | 500.00         |
| Indiana University Kelley<br>School of Business<br>1275 E. 10 <sup>th</sup> St.; Ste. 3080<br>Bloomington IN 47405 | 05/17          | C1219          | 200.00         |

| Indiana University Kelley<br>School of Business<br>1275 E. 10 <sup>th</sup> St.; Ste. 3080<br>Bloomington IN 47405 | 12/26 | Q894  | 10,000.00 |
|--|-------|-------|-----------|
| International Planned Parenthood<br>Federation<br>125 Maiden Lane<br>New York NY 10038                             | 12/26 | C1289 | 25.00     |
| International Rescue Committee<br>122 East 42 <sup>nd</sup> St.<br>New York NY 10168-1289                          | 12/26 | C1290 | 50.00     |
| The Jerusalem Foundation, Inc.<br>420 Lexington Ave., Ste 1645<br>New York NY 10164-4399                           | 12/26 | C1291 | 25.00     |
| Jewish Braille Institute International<br>110 E 30 <sup>th</sup> St.<br>New York NY 10016-7375                     | 12/26 | C1292 | 25.00     |
| Jewish Educational Alliance<br>5111 Abercorn St.<br>Savannah GA 31405  | 08/12 | C1232 | 200.00    |
| Jewish Educational Loan Fund<br>4549 Chamblee Dunwoody Rd.<br>Atlanta GA 30338                                     | 12/26 | C1293 | 50.00     |
| Jewish National Fund<br>42 East 69 <sup>th</sup> St.<br>New York NY 10021  | 12/26 | C1294 | 75.00     |
| Jewish War Veterans of the USA<br>1811 R St., NW<br>Washington, DC 20009   | 12.26 | C1295 | 20.00     |
| Learning Ally<br>20 Roszel Rd.<br>Princeton NJ 08540   | 12/26 | C1296 | 25.00     |
| The Leukemia & Lymphoma Society<br>1311 Mamaroneck Ave.<br>White Plains NY 10605                                   | 12/26 | C1297 | 25.00     |

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| Lighthouse International<br>111 E. 59 <sup>th</sup> St.<br>New York NY 10022-1202  | 12/26 | C1298 | 25.00    |
| Live Oak Public Libraries Foundation<br>2002 Bull St.<br>Savannah GA 31401   | 12/26 | C1299 | 50.00    |
| Make-A-Wish<br>4742 N. 24 <sup>th</sup> St.<br>Phoenix AZ 85016-4862   | 12/26 | C1300 | 25.00    |
| March of Dimes<br>1275 Mamaroneck Ave.<br>White Plains NY 10605  | 12/26 | C1301 | 25.00    |
| Marine Toys for Tots Foundation<br>18251 Quantico Gateway Dr.<br>Triangle VA 22172   | 12/26 | C1302 | 25.00    |
| Massachusetts Eye and Ear, Inc.<br>(Foundation of the)<br>243 Charles Street<br>Boston MA 02114-3906   | 12/26 | Q897  | 100.00   |
| The MGH Fund (Massachusetts<br>General Hospital)<br>55 Fruit St.<br>Boston MA 02114  | 12/26 | Q898  | 1,000.00 |
| Memorial Health Foundation<br>PO Box 23089<br>Savannah GA 31403  | 09/16 | C1236 | 50.00    |
| Memorial Sloan Kettering Cancer Center<br>1275 York Ave.<br>New York NY 10065-6007   | 12/26 | C1303 | 50.00    |
| Mercy Corps<br>45 SW Ankeny St<br>Portland OR 97204  | 12/26 | C1304 | 50.00    |
| Mothers Against Drunk Driving<br>511 E. John Carpenter<br>Irving TX 75062  | 12/26 | C1305 | 25.00    |

| Mount Vernon (George Washington's)<br>P.O. Box 110<br>Mount Vernon VA 22121            | 12/26 | C1306  | 25.00 |
|--|-------|--------|-------|
| Mulberry Grove Foundation<br>P.O. Box 15581<br>Savannah GA 31416                       | 12/26 | Q885 · | 50.00 |
| Muscular Dystrophy Association<br>222 South Riverside Plaza<br>Chicago IL 60606-6000   | 12/26 | C1307  | 25.00 |
| Museum of the American Revolution<br>123 Chestnut St.<br>Philadelphia PA 19106         | 12/26 | C1308  | 25.00 |
| NAACP<br>P.O. Box 64983<br>Baltimore MD 21298-8747                                     | 12/26 | C1309  | 25.00 |
| National Audubon Society<br>225 Vanck St.<br>New York NY 10014                         | 12/26 | C1310  | 25.00 |
| The National Children's Cancer Society<br>One South Memorial Dr.<br>St. Louis MO 63102 | 12/26 | C1311  | 20.00 |
| National Federation of the Blind<br>1800 Johnson St.<br>Baltimore MD 21230             | 12/26 | C1312  | 50.00 |
| National Hemophilia Foundation<br>116 W. 32 <sup>nd</sup> St.<br>New York NY 10001     | 12/26 | C1313  | 25.00 |
| National Jewish Health<br>1400 Jackson St.<br>Denver CO 80206                          | 12/26 | C1314  | 25.00 |
| National Multiple Sclerosis Society<br>733 Third Ave.<br>New York NY 10017-4057        | 12/26 | C1315  | 25.00 |

| Jewish History<br>101 S. Independence<br>Philadelphia PA 19106                                 | 12/26 | Q841 | 55.00  |
|--|-------|------|--------|
| National Museum of the<br>Mighty Eighth Air Force<br>PO Box 1992<br>Savannah, GA 31402         | 12/26 | Q842 | 50.14  |
| National Park Foundation<br>1201 I St. NW<br>Washington, DC 20005-5931                         | 12/26 | Q844 | 25.00  |
| National Parks Conservation Association<br>777 6 <sup>th</sup> St., NW<br>Washington, DC 20001 | 12/26 | Q844 | 25.00  |
| National Trust for Historic Preservation<br>2600 Virginia Ave., NW<br>Washington DC 20037      | 12/26 | Q908 | 50.00  |
| National Wildlife Federation<br>11100 Wildlife Center Dr.<br>Reston VA 20190-5362              | 12/26 | Q845 | 25.00  |
| The Nature Conservancy<br>4245 North Fairfax Dr.<br>Arlington VA 22203-1606                    | 12/26 | Q846 | 35.00  |
| New England Ophthalmological Society<br>P. O. Box 9165<br>Boston, MA 02114                     | 12/30 | Q914 | 250.00 |
| Ocean Conservancy<br>1300 19 <sup>th</sup> St., NW<br>Washington, DC 20036                     | 12/26 | Q847 | 20.00  |
| Orbis International<br>520 8 <sup>th</sup> Ave.<br>New York NY 10018                           | 12/26 | Q848 | 25.00  |
| Oxfam America<br>226 Causeway St.<br>Boston MA 02114   | 12/26 | Q849 | 25.00  |

| Parkinsons Disease Foundation<br>1359 Broadway<br>New York NY 10018                       | 12/26 | Q850  | 25.00  |
|---|-------|-------|--------|
| Park Place Outreach Youth<br>Emergency Shelter<br>514 East Henry St.<br>Savannah GA 31401 | 12/26 | Q851  | 25.00  |
| Perkins (Trust) School for the Blind<br>175 North Beacon Street<br>Watertown MA 02472     | 03/22 | C1216 | 25.00  |
| Planned Parenthood<br>PO Box 97166<br>Washington, DC 20077-7543                           | 12/26 | Q852  | 25.00  |
| Project HOPE<br>225 Carter Hall Lane<br>Millwood VA 22646                                 | 12/26 | Q853  | 25.00  |
| Prostate Cancer Fund<br>1250 Fourth St.<br>Santa Monica CA 90401                          | 12/26 | Q854  | 25.00  |
| Ramah Darom<br>6400 Powers Ferry Road; Suite 215<br>Atlanta GA 30339                      | 08/20 | C1234 | 200.00 |
| Ramah Darom<br>6400 Powers Ferry Road; Suite 215<br>Atlanta GA 30339                      | 12/26 | Q907  | 360.00 |
| Ronald McDonald House Charities<br>One Kroc Dr.<br>Oak Brook IL 60523                     | 12/26 | Q855  | 30.00  |
| St. Jude Children's Research Hospital<br>262 Danny Thomas Place<br>Memphis TN 38105-3678  | 12/26 | Q856  | 30.00  |
| The Salvation Army<br>615 Slaters Lane<br>Alexandria VA 22314-1112                        | 12/26 | Q858  | 25.00  |

| Savannah Council on World Affairs<br>P.O. Box 10231<br>Savannah GA 31412                               | 03/10 | C1207 | 100.00 |
|--|-------|-------|--------|
| Savannah Friends of Music<br>P.O. Box 15873<br>Savannah GA 31416                                       | 07/10 | C1227 | 120.00 |
| Savannah Jewish Federation<br>(for Savannah Jewish Archives)<br>5111 Abercorn St.<br>Savannah GA 31405 | 12/26 | Q899  | 100.00 |
| Savannah Jewish Federation<br>(for Jewish Family Services)<br>5111 Abercorn St.<br>Savannah GA 31405   | 12/26 | Q900  | 36.00  |
| Savannah Jewish Federation<br>5111 Abercorn St.<br>Savannah GA 31405                                   | 03/30 | C1215 | 365.00 |
| Savannah River Site Heritage Foundation<br>340 Cherbourg Pl.<br>Aiken SC 29801                         | 03/22 | C1214 | 35.00  |
| Save the Children<br>501 Kings Highway East<br>Fairfield CT 06825                                      | 12/26 | Q859  | 50.00  |
| The Seeing Eye<br>P.O. Box 375<br>Morristown NJ 07962-9921   | 12/26 | Q860  | 25.00  |
| Senior Citizens, Inc.<br>Meals on Wheels Program<br>3025 Bull Street<br>Savannah GA 31405-2016         | 12/26 | Q861  | 100.00 |
| Shalom School of Congregation<br>Agudath Achim<br>9 Lee Blvd.<br>Savannah GA 31405                     | 03/22 | C1213 | 100.00 |

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| Sierra Club<br>85 Second St.; Second Floor<br>San Francisco, CA 94105               | 12/26 | Q862  | 40.00    |
|---|-------|-------|----------|
| Simmons College<br>300 The Fenway<br>Boston, MA 02115-5898                          | 03/16 | C1210 | 2,000.00 |
| Simmons College<br>300 The Fenway<br>Boston, MA 02115-5898                          | 12/26 | Q901  | 500.00   |
| Simon Wiesenthal Center<br>1399 S. Roxbury Dr.<br>Los Angeles CA 90035              | 12/26 | Q863  | 25.00    |
| Smile Train<br>41 Madison Ave.<br>New York NY 10010                                 | 12/26 | Q864  | 25.00    |
| Southern Poverty Law Center<br>P. O. Box 548<br>Montgomery AL 36104                 | 12/26 | Q865  | 50.00    |
| Special Olympics<br>1133 19t St., NW<br>Washington, DC 20036-3604                   | 12/26 | Q866  | 15.00    |
| Susan G. Komen Breast Cancer Foundation<br>5005 LBJ Freeway<br>Dallas TX 75244-6125 | 03/04 | C1206 | 50.00    |
| Telfair Museums<br>PO Box 10081<br>Savannah GA 31412                                | 06/26 | C1225 | 35.00    |
| UNICEF<br>125 Maiden Lane<br>New York NY 10038                                      | 12/26 | Q867  | 25.00    |
| United Negro College Fund<br>1805 7 <sup>th</sup> St., NW<br>Washington, DC 20001   | 12/26 | Q868  | 25.00    |

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| United States Holocaust<br>Memorial Museum<br>100 Raoul Wallenberg Pl.<br>Washington, DC 20024 | 12/26 | Q869 | 50.00    |
|--|-------|------|----------|
| United States Olympic Committee<br>One Olympic Plaza<br>Colorado Springs CO 80909              | 12/26 | Q870 | 50.00    |
| United Way of the Coastal Empire<br>428 Bull St.<br>Savannah GA 31405                          | 12/26 | Q871 | 50.00    |
| University of Texas Foundation<br>P. O. Box 250<br>Austin TX 78767-0250                        | 12/26 | Q905 | 2,500.00 |
| University of Texas Foundation<br>P. O. Box 250<br>Austin TX 78767-0250                        | 12/26 | Q906 | 100.00   |
| The USO<br>2111 Wilson Blvd.<br>Arlington VA 22201   | 12/26 | Q872 | 25.00    |
| Veterans of Foreign Wars<br>4952 Columbus Rd.<br>Macon GA 31206-4130                           | 12/26 | Q873 | 20.00    |
| Weizmann Institute of Science<br>633 3 <sup>rd</sup> Ave.<br>New York NY 10017                 | 12/26 | Q874 | 25.00    |
| The Wilderness Society<br>1615 M Street, NW<br>Washington, DC 20036-3209                       | 12/26 | Q875 | 25.00    |
| Wildlife Conservation Society<br>2300 Southern Blvd.<br>Bronx NY 10406                         | 12/26 | Q876 | 25.00    |
| Women's League for Conservative<br>Judaism<br>475 Riverside Dr.<br>New York NY 10115           | 12/26 | Q877 | 25.00    |

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| World Jewish Congress Foundation<br>501 Madison Ave.<br>New York NY 10022            | 12/26 | Q878 | 25.00 |
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| Wounded Warrior Project<br>4899 Belfort Rd.<br>Jacksonville FL 32256                 | 12/26 | Q879 | 25.00 |
| Yiddish Book Center<br>1021 West St.<br>Amherst MA 01002-3375                        | 12/26 | Q880 | 40.00 |
| Yosemite Conservancy<br>101 Montgomery St.; Ste. 1700<br>San Francisco CA 94104-4129 | 12/26 | Q881 | 25.00 |

<sup>\*</sup>C -- Colony Bank Q -- Queensborough Bank