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## , 990-PF

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

OMB No 1545 0052 2015

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Internal R	evenue Service	► Information about	Form 990-PF and its sepa	arate instructions is a	it www.	irs.g	gov/form990pf. (	pen to P	ublic Inspection
For cale	endar year 2015, o	or tax year beginning	1/01 ,	2015, and ending	12	/3:	1 , 2015		
date 109 I	ng Family Fo d December 1 Hillsgate Di son, AL 3575	l, 2012 rive	<u>-</u>			A B C	Employer identification 46-6401140 Telephone number (see 317-843-540) If exemption application	instructions 0	
<b>G</b> Che	eck all that apply	Initial return Final return Address change	Initial return of a Amended return Name change	a former public ch	narity	D	<ol> <li>Foreign organizations, or</li> <li>Foreign organizations in</li> </ol>	neeting the	85% test, check
I Fair	market value of all ass	(1) nonexempt charitablets at end of year	501(c)(3) exempt prive trust Other taxa	able private found	lation_ crual	E	here and attach comput If private foundation st under section 507(b)(1)	atus was te	
(tron		48,457. (Par	Other (specify) t I, column (d) must	be on cash basis		F	If the foundation is in a under section 507(b)(1)		
Part I	Expenses (7 columns (b), (c	Revenue and The total of amounts in column (a) The total of an amounts in column (a) The total of an amounts in column (a)	(a) Revenue ar expenses per bo			nt	(c) Adjusted net income	f	Disbursements for charitable purposes ash basis only)
	1 Contributions, gifts,	grants, etc, received (attach schedule) ie foundation is not required to attach Sci	30,0	00.					
		and temporary cash investments		51.	45	1.			
_	<b>b</b> Net rental incomor (loss)								
R E V	<b>b</b> Gross sales price assets on line 6	a				F	(FOFTY FIT		
E N U	Capital gain net Net short term of	· =			<u> </u>		MAY () 2 7016		
Ě	10 a Gross sales less returns and allowances	; 			<del>lii</del>		MAY 0 2 7015	[5]	
	b Less Cost of goods sold c Gross profit or (loss	) (attach schodule)				()	**		
	11 Other income (a							7-1-2	
	12 Total Add line	es 1 through 11	30,4	51.	45	51.	(	5.	
	14 Other employee	of officers directors trustees etc e salaries and wages		0.					
	15 Pension plans, 16a Legal fees (atta	employee benefits						_	
A M (	b Accounting fees  C Other prof fees	(attach sch) See St	1 2,5	00.					2,500.
0 N	17 Interest 18 Taxes (attach schedu	Can Chm	2	5.					
P STRATI	19 Depreciation (at schedule) and d	tach		<u>J.</u>				-	
N V G E	1	nces and meetings							
A E N X D P E	22 Printing and pull 23 Other expenses	(attach schedule)	3	21					21
N S E S		See Statement and administrative lines 13 through 23	2,5	21.				<del> </del>	21.
5	25 Contributions, gifts,		$I = \frac{2,3}{13,2}$					-	2,521. 13,213.
	Add lines 24 an		15,7			0.		0.	15,734.
	and disbursem	nue over expenses ents	14,7	12.					
	1	income (if negative enter 0)			45	51.			
BAA F		duction Act Notice, see	instructions	TEE ^/	0504L 12	2/04/1		).  Fo	rm <b>990-PF</b> (2015)
	a apa.work net			ILEAU	UJUNE 12	-1041		1.0	nn <b>330-</b> FF (2013)

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Part	11	Balance Sheets	column should be for end of-year amounts only (See instructions)	Beginning of year	Ella oi	<del></del>
		· · · · · · · · · · · · · · · · · · ·		(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash — non-interest	9	133,744.	148,457.	<u>148,457.</u>
	2	,	rary cash investments			
	3	Accounts receivable	<b></b>			
		Less allowance for	doubtful accounts •			
	4	Pledges receivable	<b></b>			
	_	Less allowance for	doubtful accounts •			
	5	Grants receivable				
	6	Receivables due from offi disqualified persons (atta	cers, directors, trustees, and other ach schedule) (see instructions)			
	7	Other notes and loans red	ceivable (attach sch)			
S		Less allowance for	doubtful accounts >			
Š	8	Inventories for sale	or use			
A S E T	9	Prepaid expenses a	and deferred charges			
Ś	10 a	investments – US obligations (attach s	and state government schedule)			
	t	Investments — corporate	stock (attach schedule)			
	•	: Investments — corporate	bonds (attach schedule)			
	11	Investments — land equipment basis	, buildings, and			
		Less accumulated depred (attach schedule)	ciation			
	12	Investments - mort	tgage loans			
	13	Investments - othe	r (attach schedule)			_
	14	Land, buildings, and	d equipment basis ►			
		Less accumulated depred (attach schedule)	ciation •		_	
		Other assets (descr		)		
	16	see the instructions	completed by all filers — Also, see page 1, item I)	133,744.	148,457.	148,457.
$\overline{}$	17		nd accrued expenses	133,744.	110, 157.	140,437.
ļ	18	Grants payable	·			
A B	19	Deferred revenue				
ŀ	20	Loans from officers, direc	ctors, trustees, & other disqualified persons	-		
ī	21		es payable (attach schedule)			
Ţ	22	Other liabilities (des		)		
Ė		,		· <del>  </del>		
<u>s</u>	23		d lines 17 through 22)	0.	0.	
			ollow SFAS 117, check here 24 through 26 and lines 30 and 31.	4		
N F E U	24	Unrestricted				
ΤN	l	Temporarily restrict				
, D	26	Permanently restric				
A S S A E L T A		Foundations that dand complete lines	o not follow SFAS 117, check here > 27 through 31.	X		
E L T A	27	Capital stock, trust	principal, or current funds	133,744.	148,457.	
SŅ	28	Paid-in or capital surplus	s, or land, bldg , and equipment fund			
O E	29	Retained earnings, accum	nulated income, endowment, or other funds			
ŔŠ	30	Total net assets or	fund balances (see instructions)	133,744.	148,457.	
	31	Total liabilities and (see instructions)	net assets/fund balances	122 744	140 457	
Bar	- 111 l	<del></del>	ages in Not Assets or Fund Polo	133,744.	148,457.	<del></del>
			nges in Net Assets or Fund Bala		<del></del>	<del></del>
1			palances at beginning of year — Part II, c ed on prior year's return)	column (a), line 30 (must aç		122 744
2		r amount from Part I.			1 2	133,744.
2 3		increases not included in 1		·+ 1	3	14,712.
		lines 1, 2, and 3	line 2 (itemize) See Statemen	L-4		1.0 457
5		ases not included in line 2	(itemize)		5	148,457.
-			palances at end of year (line 4 minus line	5) - Part II column (b) II		140 457
	1010	. Hot assets of failu t	Salarious at one or your (inte 4 thinks file	5 5, - 1 art 11, column (b), 11	10 30	148,457.

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<u> </u>	(a) List and describe	the kind(s) of property sold (e g , r e, or common stock, 200 shares ML	eal estate, (t	How acquired P — Purchase D — Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo day yr)
1 a	N/A			D DOTATION		
b						
С						
d						
е						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	5	(h) Gain or (e) plus (f) m	
a						
b						····
					<del></del>	·
d						
	····	ring gain in column (h) and owned b	by the foundation on 12/31/69	9	(1) Cours (Col	·
	(i) F.M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	g	(I) Gains (Col ain minus col (k), b an -0-) <b>or</b> Losses (fi	out not less
a						
			<del></del>			<del></del>
	····	-	**		<del></del>	
e			-			
2	Capital gain net income or (ne		enter in Part I, line 7 er -0- in Part I, line 7	2		
3	Net short-term capital gain or i	(loss) as defined in sections 1222(5	) and (6)		1	
	If gain, also enter in Part I, line in Part I, line 8	e 8, column (c) (see instructions) It	(loss), enter -0-	3		
Par		r Section 4940(e) for Reduce	d Tax on Net Investme		<u> </u>	
Was	es,' the foundation does not qua	ction 4942 tax on the distributable a slify under section 4940(e). Do not c each column for each year, see the in	omplete this part	-	Yes	X No
	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use asse	ts (col	(d) Distribution (b) divided by	
-	2014	15,262.	136	,977.		0.111420
	2013	1,995.	147	, 474.		0.013528
	2012		73	,875.		
	2011				<del>_</del>	<del></del> -
	2010		<del></del>			<del></del>
2	Total of line 1, column (d)			2	1	0 124049
3		he 5-year base period divide the f	otal on line 2 by 5, or by the		<del>                                     </del>	0.124948
3	number of years the foundation	n has been in existence if less than	5 years	3		0.041649
4	Enter the net value of nonchar	ritable-use assets for 2015 from Par	t X, line 5	4		127,438.
5	Multiply line 4 by line 3			5		5,308.
6	Enter 1% of net investment inc	come (1% of Part I, line 27b)		6	-	5.
7	Add lines 5 and 6			7		5,313.
8	Enter qualifying distributions fi			8		15,734.
	If line 8 is equal to or greater that Part VI instructions	an line 7, check the box in Part VI, line	1b, and complete that part us	ıng a 1% tax ı	ate See the	

	990-PF (2015) Strong Family Foundation 46-6401140  VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instruction			Page
1 a	Exempt operating foundations described in section 4940(d)(2), check here			
	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,			5
	check here. ► X and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable			
	foundations only Others enter -0-)			0
	Add lines 1 and 2			5
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0
	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			5
	Credits/Payments			
	2015 estimated tax pmts and 2014 overpayment credited to 2015			
	Exempt foreign organizations — tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868).			
	Backup withholding erroneously withheld  This is a second of the second			_
	Total credits and payments Add lines 6a through 6d  7			0
_	Enter any <b>penalty</b> for underpayment of estimated tax. Check here I if Form 2220 is attached	<del></del> -		
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed  Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			5
	Enter the amount of line 10 to be Credited to 2016 estimated tax  Nefunded  Nefunded  11			
			Yes	N
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	163	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?	16		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			
	Did the foundation file Form 1120-POL for this year?	1 c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year  (1) On the foundation   (2) On foundation managers   (3) On foundation managers   (4) On foundation managers   (5) On foundation managers   (6) On foundation managers   (7) On foundation managers   (8) On foundation managers   (9) On foundation managers   (9) On foundation managers   (10) On foundation managers   (11) On foundation managers   (12) On foundation managers   (13) On foundation managers   (14) On foundation managers   (15) On foundation managers   (16) On foundation managers   (17) On foundation managers   (18) On foun			
	(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	<del>-</del>		
	foundation managers ►\$ 0.	İ		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
	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		Х
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4 a		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	4 b	N	I/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If 'Yes,' attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	-		
	By language in the governing instrument, or			
	<ul> <li>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?</li> </ul>	6	Х	
	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	+-
7	Enter the states to which the foundation reports or with which it is registered (see instructions)	<del>                                     </del>	^	+
	AL		ì	
		1	ı	
8 a	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	g h	y	
8 a b	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G? If 'No,' attach explanation</i>	8 b	Х	-
8 a b	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? <i>If 'No,' attach explanation</i> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5)	)	х	\ x
8 a b	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G? If 'No,' attach explanation</i>	)	Х	X

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	990-PF (2015) Strong Family Foundation	46-64	401140		Pa	ige <b>5</b>
Par	t VII-A Statements Regarding Activities (continued)					
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)		1			X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified personal advisory privileges? If 'Yes,' attach statement (see instructions)	n had	1:	2		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption Website address  N/A	application	n? 1:	3	х	<u> </u>
14	The books are in care of Renaissance Administration Telephone			- <u>54</u> 0	00_	 
15	Located at <u>6100 W 96th St., Suite 120 Indianapolis IN</u> ZIP + 4 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> — Check here and enter the amount of tax-exempt interest received or accrued during the year	46271 • 15	- – – – – Ņ	/Ā <sup>—</sup>	   • !	 N/A
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority obank, securities, or other financial account in a foreign country?	over a	10		es	No X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country.				$\top$	
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.			TY	es	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	X No			
	<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>		X No X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available	] .03			ļ	
	for the benefit or use of a disqualified person)?	Yes	X No			
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	Yes [	X No			
ŀ	o 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	<u>A</u>
		L	_			
	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?			l 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))					
â	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			
	If 'Yes,' list the years ► 20 , 20 , 20 , 20		_			
ł	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 49426 (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 49426)	(a)(2)	İ			
	all years listed, answer 'No' and attach statement — see instructions )	3)(2) (0		2Ь	N/	A
•	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years have 20 , 20 , 20 , 20	ere				
3 8	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			
ı	b If '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 approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015)	d		3 Б	N/	Ά.
4 8	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		-	4 a		X
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?			4 b		X
BAA			Form	990-	PF (2	2015)

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Form **990-PF** (2015)

orm 990-PF (2015) Strong Family Four		4720 May Da Da-	ر امرون		40114	<del>-</del>	
art VII-B Statements Regarding Activit		4/ZU Way Be Req	uired (Co	ontinued	<u> </u>	<del>, , ,</del>	
5 a During the year did the foundation pay or inct (1) Carry on propaganda, or otherwise attemi	•	n (section 4945(e))?		Yes	X No		
(2) Influence the outcome of any specific pub	olic election (see section				_		
on, directly or indirectly, any voter registra  (3) Provide a grant to an individual for travel,		nurnoses?		<b>—</b>	X No X No		
				☐ 'es [	<u> </u>		
(4) Provide a grant to an organization other t in section 4945(d)(4)(A)? (see instruction:	s)			Yes	X No		
(5) Provide for any purpose other than religion educational purposes, or for the prevention	on of cruelty to children	or animals?		Yes	X No		
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to on a current notice regard	qualify under the excep ding disaster assistance	tions :			5 b	N/A
Organizations relying on a current notice rega	arding disaster assistanc	ce check here		•			
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		
If 'Yes,' attach the statement required by Reg	ulations section 53 4945	5-5(d)				1	
6 a Did the foundation, during the year, receive a on a personal benefit contract?					χNο		
<b>b</b> Did the foundation, during the year, pay prem If 'Yes' to 6b, file Form 8870	niums, directly or indirec	tly, on a personal bene	fit contrac	t?		6 ь	-   >
7 a At any time during the tax year, was the foun					X No		
<b>b</b> If 'Yes,' did the foundation receive any proceed				1 <sup>2</sup>	N/A	7 b	
Part VIII Information About Officers, D and Contractors	· · · · · · · · · · · · · · · · · · ·				l Empl	oyees	,
1 List all officers, directors, trustees, foundation	T						
(a) Name and address	(b) Title, and average hours per week	(c) Compensation		ributions to			accour
	devoted to position	(If not paid, enter -0-)	plans a	yee benefi and deferre pensation		omer an	owance
			plans a	and deferre	d	omer an	
136 Dupree Drive	devoted to position	enter -0-)	plans a	and deferre censation	d	omer an	
136 Dupree Drive Huntsville, AL 35806	devoted to position  Trustee	enter -0-)	plans a	and deferre censation		orner an	
136 Dupree Drive Huntsville, AL 35806 Dale Strong 232 Spano Road	devoted to position  Trustee 1.00	enter -0-)	plans a	and deferre censation 0		orner an	
136 Dupree Drive Huntsville, AL 35806 Dale Strong 232 Spano Road Madison, AL 35757	devoted to position  Trustee 1.00  Trustee 1.00	• enter - <b>0-)</b> 0.	plans a	and deferre censation 0	ed .	orner an	
136 Dupree Drive Huntsville, AL 35806 Dale Strong 232 Spano Road Madıson, AL 35757 Kelly Brewer 109 Hillsgate Drive	devoted to position  Trustee 1.00  Trustee	enter -0-)	plans a	and deferre censation 0	ed .	omer an	
Horace Nunley Strong 136 Dupree Drive Huntsville, AL 35806 Dale Strong 232 Spano Road Madison, AL 35757 Kelly Brewer 109 Hillsgate Drive Madison, AL 35757	devoted to position  Trustee 1.00  Trustee 1.00  Trustee	• enter - <b>0-)</b> 0.	plans a	and deferre censation 0	ed .	omer an	
136 Dupree Drive Huntsville, AL 35806 Dale Strong 232 Spano Road Madison, AL 35757 Kelly Brewer 109 Hillsgate Drive	devoted to position  Trustee 1.00  Trustee 1.00  Trustee	• enter - <b>0-)</b> 0.	plans a	and deferre censation 0	ed .	omer an	
136 Dupree Drive Huntsville, AL 35806 Dale Strong 232 Spano Road Madison, AL 35757 Kelly Brewer 109 Hillsgate Drive Madison, AL 35757	devoted to position  Trustee 1.00  Trustee 1.00  Trustee 1.00	0 . 0 . 0 .	plans a	ond deferre censation 0 0	·	omer an	
136 Dupree Drive Huntsville, AL 35806 Dale Strong 232 Spano Road Madison, AL 35757 Kelly Brewer 109 Hillsgate Drive Madison, AL 35757	devoted to position  Trustee 1.00  Trustee 1.00  Trustee 1.00	enter -0-)  0.  0.  0.  on line 1 — see instruction	plans a com	oensation  0  0  0	· · · · · · · · · · · · · · · · · · ·		
136 Dupree Drive Huntsville, AL 35806 Dale Strong 232 Spano Road Madison, AL 35757 Kelly Brewer 109 Hillsgate Drive Madison, AL 35757	devoted to position  Trustee 1.00  Trustee 1.00  Trustee 1.00	0 . 0 . 0 .	ns). If none  (d) Conti	ond deferre censation 0 0	NE.'	Expense	e accour
136 Dupree Drive Huntsville, AL 35806 Dale Strong 232 Spano Road Madison, AL 35757 Kelly Brewer 109 Hillsgate Drive Madison, AL 35757  2 Compensation of five highest-paid employees (c) (a) Name and address of each employee paid more than \$50,000	devoted to position  Trustee 1.00  Trustee 1.00  Trustee 1.00  ther than those included (b) Title, and average hours per week	enter -0-)  0.  0.  0.  on line 1 — see instruction	ns). If none  (d) Conti	ond deferrencensation  0  0  0  c, enter 'NO  c) benefit and deferrencensation	NE.'	Expense	e accour
136 Dupree Drive Huntsville, AL 35806 Dale Strong 232 Spano Road Madison, AL 35757 Kelly Brewer 109 Hillsgate Drive Madison, AL 35757  2 Compensation of five highest-paid employees (compensation of five highest paid more than \$50,000	devoted to position  Trustee 1.00  Trustee 1.00  Trustee 1.00  ther than those included (b) Title, and average hours per week	enter -0-)  0.  0.  0.  on line 1 — see instruction	ns). If none  (d) Conti	ond deferrencensation  0  0  0  c, enter 'NO  c) benefit and deferrencensation	NE.'	Expense	e accour
Huntsville, AL 35806  Dale Strong 232 Spano Road  Madison, AL 35757  Kelly Brewer 109 Hillsgate Drive  Madison, AL 35757   Compensation of five highest-paid employees (compensation of five highest paid more than \$50,000	devoted to position  Trustee 1.00  Trustee 1.00  Trustee 1.00  ther than those included (b) Title, and average hours per week	enter -0-)  0.  0.  0.  on line 1 — see instruction	ns). If none  (d) Conti	ond deferrencensation  0  0  0  c, enter 'NO  c) benefit and deferrencensation	NE.'	Expense	e accour
136 Dupree Drive Huntsville, AL 35806 Dale Strong 232 Spano Road Madison, AL 35757 Kelly Brewer 109 Hillsgate Drive Madison, AL 35757	devoted to position  Trustee 1.00  Trustee 1.00  Trustee 1.00  ther than those included (b) Title, and average hours per week	enter -0-)  0.  0.  0.  on line 1 — see instruction	ns). If none  (d) Conti	ond deferrencensation  0  0  0  c, enter 'NO  c) benefit and deferrencensation	NE.'	Expense	e accour
Huntsville, AL 35806  Dale Strong 232 Spano Road  Madison, AL 35757  Kelly Brewer 109 Hillsgate Drive  Madison, AL 35757   Compensation of five highest-paid employees (compensation of five highest paid more than \$50,000	devoted to position  Trustee 1.00  Trustee 1.00  Trustee 1.00  ther than those included (b) Title, and average hours per week	enter -0-)  0.  0.  0.  on line 1 — see instruction	ns). If none  (d) Conti	ond deferrencensation  0  0  0  c, enter 'NO  c) benefit and deferrencensation	NE.'	Expense	e accour
Huntsville, AL 35806  Dale Strong 232 Spano Road  Madison, AL 35757  Kelly Brewer 109 Hillsgate Drive  Madison, AL 35757   Compensation of five highest-paid employees (compensation of five highest paid more than \$50,000	devoted to position  Trustee 1.00  Trustee 1.00  Trustee 1.00  ther than those included (b) Title, and average hours per week	enter -0-)  0.  0.  0.  on line 1 — see instruction	ns). If none  (d) Conti	ond deferrencensation  0  0  0  c, enter 'NO  c) benefit and deferrencensation	NE.'	Expense	e accour
Huntsville, AL 35806  Dale Strong 232 Spano Road  Madison, AL 35757  Kelly Brewer 109 Hillsgate Drive  Madison, AL 35757   Compensation of five highest-paid employees (compensation of five highest paid more than \$50,000	devoted to position  Trustee 1.00  Trustee 1.00  Trustee 1.00  ther than those included (b) Title, and average hours per week	enter -0-)  0.  0.  0.  on line 1 — see instruction	ns). If none  (d) Conti	ond deferrencensation  0  0  0  c, enter 'NO  c) benefit and deferrencensation	NE.'	Expense	e accouri owance:
Huntsville, AL 35806  Dale Strong 232 Spano Road  Madison, AL 35757  Kelly Brewer 109 Hillsgate Drive  Madison, AL 35757   Compensation of five highest-paid employees (compensation of five highest paid more than \$50,000	devoted to position  Trustee 1.00  Trustee 1.00  Trustee 1.00  ther than those included (b) Title, and average hours per week	enter -0-)  0.  0.  0.  on line 1 — see instruction	ns). If none  (d) Conti	ond deferrencensation  0  0  0  c, enter 'NO  c) benefit and deferrencensation	NE.'	Expense	e accour

, Form	990-PF (2015) Strong Family Foundation	46-640	1140 Page <b>7</b>
	VIII Information About Officers, Directors, Trustees, Foun	ndation Managers, Highly Paid E	
	and Contractors (continued)  Five highest-paid independent contractors for professional services (see	inchrictions) If your outer NONE!	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
Non		(2) 1) 10 01 00 1100	(b) compensation
		15	
= -	<b>AFO 000 (</b>		
lota	number of others receiving over \$50,000 for professional services	<b></b>	0
Par	t IX-A Summary of Direct Charitable Activities		
List th organi	e foundation's four largest direct charitable activities during the tax year. Include relevant statist zations and other beneficiaries served, conferences convened, research papers produced, etc.	cal information such as the number of	Expenses
1	N/A		
2			<del></del>
_			
3			-
4			
Par	IX-B Summary of Program-Related Investments (see instr	uctions)	
Desc	ribe the two largest program-related investments made by the foundation during t	he tax year on lines 1 and 2	Amount
1			
	<u>N/A</u>		
2			
•			
All d	ther program-related investments. See instructions		

0.

Form **990-PF** (2015)

Total. Add lines 1 through 3
BAA

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	
<b>b</b> Average of monthly cash balances	1 b	129,379.
c Fair market value of all other assets (see instructions)	1 c	
d Total (add lines 1a, b, and c)	1 d	129,379.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		
(attach detailed explanation)		
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	129,379.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	1,941.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	127,438.
6 Minimum investment return. Enter 5% of line 5	6	6,372.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private oper and certain foreign organizations check here ▶ ☐ and do not complete this part.)		idations
1 Minimum investment return from Part X, fine 6	1_	6,372.
2a Tax on investment income for 2015 from Part VI, line 5		
b Income tax for 2015 (This does not include the tax from Part VI).		
c Add lines 2a and 2b	2 c	5.
3 Distributable amount before adjustments Subtract line 2c from line 1	3	6,367.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	6,367.
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	6,367.
Part XII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes a Expenses, contributions, gifts, etc – total from Part I, column (d), line 26	1 a	15,734.
<b>b</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	
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	15,734.
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	5.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	15,729.
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the figure qualifies for the section 4940(e) reduction of tax in those years	oundation	
BAA	F-	orm <b>990-PF</b> (2015)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	<b>(c)</b> 2014	<b>(d)</b> 2015
Distributable amount for 2015 from Part XI, line 7	· · · · · · · · · · · · · · · · · · ·			6,367.
2 Undistributed income, if any, as of the end of 2015				0,307.
a Enter amount for 2014 only			0.	
<b>b</b> Total for prior years 20 , 20 , 20		0.		
3 Excess distributions carryover, if any, to 2015				
<b>a</b> From 2010				
<b>b</b> From 2011				
<b>c</b> From 2012				
<b>d</b> From 2013				
e From 2014 2,741.				
f Total of lines 3a through e	2,741.			
4 Qualifying distributions for 2015 from Part XII, line 4 ► \$ 15.734.				
XII, line 4 \( \)				
	<del>-</del>		0.	<del></del>
<ul> <li>Applied to undistributed income of prior years (Election required – see instructions)</li> </ul>		0.		
c Treated as distributions out of corpus		<u> </u>		· · · · · · · · · · · · · · · · · · ·
(Election required — see instructions)	0.			
<b>d</b> Applied to 2015 distributable amount				6,367.
e Remaining amount distributed out of corpus	9,367.	,		
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the	0.			0.
same amount must be shown in column (a) )				
			ĺ	
6 Enter the net total of each column as	l			
indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5	12 100			
	12,108.			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed				
income for which a notice of deficiency has been issued, or on which the section 4942(a)				
tax has been previously assessed		0.		
<b>d</b> Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2014 Subtract line 4a from				
line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2015 Subtract lines		İ		
4d and 5 from line 1. This amount must be distributed in 2016.				0
7 Amounts treated as distributions out of				0.
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election may be required – see instructions)	0.			
			-	
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	12,108.			
10 Analysis of line 9	12,100.			
a Excess from 2011			j	
<b>b</b> Excess from 2012				
c Excess from 2013				
<b>d</b> Excess from 2014 2,741.				
<b>e</b> Excess from 2015 9, 367.				
RAA				Form 000 DE (2015)

Form 330-FF (2013) SCIONG FAMILTY FOR		· · · · · · · · · · · · · · · · · · ·	1 \ /// A	40-040114	
Part XIV Private Operating Foundat  1 a If the foundation has received a ruling or dete					N/A
is effective for 2015, enter the date of the	rmination letter that ruling	it is a private operat	ing loungation, and tr	ie ruiing ►	
<b>b</b> Check box to indicate whether the foundat	ion is a private ope	erating foundation of	described in section	4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum investment return from Part X for each year listed	(a) 2015	<b>(b)</b> 2014	(c) 2013	(d) 2012	(e) Total
<b>b</b> 85% of line 2a					
<ul> <li>Qualifying distributions from Part XII, line 4 for each year listed</li> </ul>				-	
d Amounts included in line 2c not used directly for active conduct of exempt activities.					
<ul> <li>Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c</li> </ul>					
3 Complete 3a, b, or c for the alternative test relied upon					-
a 'Assets' alternative test — enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)		<u> </u>			
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					
<ol> <li>Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)</li> </ol>					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
Part XV Supplementary Information			foundation had	l \$5,000 or more	e in
assets at any time during the 1 Information Regarding Foundation Management	<del></del>	Structions.)		<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 the	nan 2% of the total of than \$5,000) (See	contributions received e section 507(d)(2))	by the foundation be	fore the
<b>b</b> List any managers of the foundation who own				e portion of the owner	rship of
a partnership or other entity) of which the None	foundation has a I	0% or greater inter	rest		
2 Information Regarding Contribution, Gra Check here ► X if the foundation only ma requests for funds. If the foundation make complete items 2a, b, c, and d	akes contributions to	preselected charitat	ole organizations and		
a The name, address, and telephone number of	r e-mail address of t	he person to whom a	applications should be	addressed	
<b>b</b> The form in which applications should be	submitted and info	rmation and materi	als they should inclu	ide	
c Any submission deadlines					
<b>d</b> Any restrictions or limitations on awards,	such as by geograp	phical areas, charit	able fields, kinds of	institutions, or other	r factors

TEEA0310L 10/13/15

Form 990-PF (2015)

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient		
a Paid during the year				
See Statement 6		}		
		1		
		l		
		<b>!</b>		
		1		
		1		<u> </u>
		1		
				}
				ľ
		,		
Total		L	► 3a	13,213
<b>b</b> Approved for future payment		T - T		15,215
, ,		1		
		1 1		
		1		
Total	<del></del>		► 3 t	<del> </del>

### Part XVI-A Analysis of Income-Producing Activities

Inter gross amounts unless otherwise indicated	Unrelated t	ousiness income	Excluded by	section 512, 513, or 514	(e)	
Program service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion code	<b>(d)</b> Amount	Related or exempt function income (See instructions)	
a			<u> </u>			
b	1					
c						
d			<u> </u>			
e			<u> </u>			
f						
g Fees and contracts from government agencies			<u> </u>			
2 Membership dues and assessments			<u> </u>			
3 Interest on savings and temporary cash investments			14	451.		
4 Dividends and interest from securities						
5 Net rental income or (loss) from real estate						
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						
11 Other revenue						
a						
b						
С			1 1_			
d						
e						
12 Subtotal Add columns (b), (d), and (e)				451.		
13 Total. Add line 12. columns (b), (d), and (e)				13	451.	
See worksheet in line 13 instructions to verify calculat	ions )			-		

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

▼ 140.	accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions.)
N/A	

Yes No

# Form 990-PF (2015) Strong Family Foundation 46-6401140 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization

BAA						Form 990-P	F (2015)
	<u> </u>	INDIANAPOL	<u>IS, IN 46278</u>		Phone no 317-	<u>843-5400</u>	
Use Only	Firm's address		TH STREET, SUITE 100	J		0.40 =	
Preparer		RENAISSANC	<del></del>		Firms EIN 35-2	111971	
				-			
Paid	Douglas W.	Cox	Douglas W. Cox	04/25/2		P010416	70
	Print/Type preparers n	name	Preparer's signature W. G	Date	Check If	PTIN	
Sign Here	Multiple of officer or trustee	rewh		Trust	el	May the IRS this return will preparer should see instruction X Yes	th the wn below ons)?
correc	r penalties of perjury, I decl ct, and complete Declaration	lare that I have exami on of preparer (other t	ned this return, including accompanying so han taxpayer) is based on all information i	hedules and statements, and of which preparer has any kn	d to the best of my knowledg lowledge	e and belief, it is	true
N/A							
(	a) Name of organiza	ation	(b) Type of organization		(c) Description of rel	ationship	
	,' complete the follow	•	1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			اساً ''ع	<u></u>
2 a is the for	oundation directly or in sed in section 501(c)	ndirectly affiliated of the Code (of	with, or related to, one or more to the than section 501(c)(3)) or in	ax-exempt organization i section 5272	S	☐Yes	X No
	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		<del></del>		
		+					
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	*	<del> </del>		<del></del>	<del></del>		
	<del></del>	<del> </del>					
	<del></del>				<del></del>		
N/A	<del> </del>						
(a) Line no	(b) Amount involved	(c) Name o	f noncharitable exempt organization	(d) Description of t	ransfers, transactions, and	sharing arrangen	nents
any tra	insaction or sharing	arrangement, st	now in column (d) the value of the	ne goods, other asset	s, or services receive	d	
<b>d</b> If the a	inswer to any of the	above is 'Yes,' i	complete the following schedule he reporting foundation. If the four	Column <b>(b)</b> should a	always show the fair i	market value	of
•							
• • •			ts, other assets, or paid employ	ees		1 c	X
• • •	•		p or fundraising solicitations			1 b (6)	$\frac{\lambda}{X}$
` '	ans or loan guarante					1 b (5)	$+\hat{x}$
` '	imbursement arrang	•	assets			1 b (3)	${x}$
` '	ntal of facilities, equ		, ,			1 b (2)	$\frac{1}{X}$
<b>V-7</b>	les of assets to a no		npt organization ble exempt organization			1 b (1)	$\frac{X}{X}$
	ransactions					1 - (1)	.,
	ner assets					1 a (2)	<u> X</u>
(1) Ca						1 a (1)	- X
	•	g foundation to	a noncharitable exempt organiz	ation of		1 4 4	.,
	to political organiza			ation of			
			ner than section 501(c)(3) organ	iizations) of in section	1 327,	1 1	l l

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

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

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

Name of the organization Strong Family Foundation		Employer identification number			
dated December 1,	2012	46-6401140			
Organization type (check one)					
Filers of:	Section:				
Form 990 or 990-EZ	501(c)( ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as	a private foundation			
	527 political organization				
Form 990-PF	X 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a pri	wate foundation			
		vate foundation			
	501(c)(3) taxable private foundation				
Check if your organization is covered by the <b>Genera</b>	al Dula or a Special Dula				
	·				
<b>Note.</b> Only a section 501(c)(7), (8), or (10) org	panization can check boxes for both the General Rule and a	Special Rule See instructions			
General Rule					
X For an organization filing Form 990, 990-E property) from any one contributor Compl	Z, or 990-PF that received, during the year, contributions to ete Parts I and II. See instructions for determining a contrib	taling \$5,000 or more (in money or outor's total contributions			
Special Rules					
under sections 509(a)(1) and 170(b)(1)(A)(vi).	01(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% sup , that checked Schedule A (Form 990 or 990-EZ), Part II, line 13	16a, or 16b, and that			
received from any one contributor, during Form 990, Part VIII, line 1h, or (ii) Form 99	the year, total contributions of the greater of (1) \$5,000 or (	2) 2% of the amount on (i)			
10mi 990, Fait Viii, line m, or (ii) Form 9:	50-EZ, fille i Complete Parts I and II				
For an organization described in section 50	01(c)(7), (8), or (10) filing Form 990 or 990-EZ that received than \$1,000 <i>exclusively</i> for religious, charitable, scientific,	d from any one contributor,			
during the year, total contributions of more purposes, or for the prevention of cruelty t	e than \$1,000 exclusively for religious, charitable, scientific, o children or animals. Complete Parts I, II, and III	literary, or educational			
parposes, or ter the provention of orderly t					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor,					
during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than					
\$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious,					
charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year.					
	,, committee the state of t				

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

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

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

	B (Form 990, 990-EZ, or 990-PF) (2015)	Page	1 of 1 of Part I
Name of org	g Family Foundation	' '	r identification number 401140
Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space		101130
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Horace Nunley Strong		Person X Payroll
	136 Dupree Drive	\$30,000.	Noncash
	Huntsville, AL 35806		(Complete Part II for noncash contributions )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Complete Part II for noncash contributions )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions )
BAA	TEEA0702L 10/12/15	Schedule B (Form 99	90, 990-EZ, or 990-PF) (2015)

Page

1 to 1 of Part II

Name of organization

Employer identification number

Strong Family Foundation 46-6401140

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional	al space is needed	
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		  \$	   <b>-</b>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		  \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ 	

TEEA0703L 10/12/15

Schedule B	8 (Form 990, 990-EZ, or 990-PF) (2015)		Page 1 to 1 of Part III	
Name of organ	ization		Employer identification number $46-6401140$	
Part III	Family Foundation  Exclusively religious, charitable, et or (10) that total more than \$1,000 for the following line entry. For organizations of contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional states.	ne year from any one contributo ompleting Part III, enter the total of (Enter this information once. See ii	ations described in section 501(c)(7), (8), or. Complete columns (a) through (e) and exclusively religious, charitable, etc.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	N/A			
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, addres	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee	

2015	Federal Statements Strong Family Foundation dated December 1, 2012	Page 1 46-6401140	
Statement 1 Form 990-PF, Part I, Line 16b Accounting Fees			
Ren Admın Fee	(a)       (b)       Net       (c)         Expenses       Investment       Adjusted         per Books       Income       Net Income         \$ 2,500.       \$       0.         Total       \$ 2,500.       \$		
Statement 2 Form 990-PF, Part I, Line 18 Taxes			
Tax on Investment Income	(a) (b) Net (c) Expenses Investment Adjusted per Books Income Net Income  \$ 5.  Total \$ 5. \$ 0. \$ (	(d) Charitable Purposes  . \$ 0.	
Statement 3 Form 990-PF, Part I, Line 23 Other Expenses			
Postage	(a)       (b)       Net       (c)         Expenses       Investment       Adjusted         per Books       Income       Net Income         \$       21.       \$       0.       \$         Total       \$       0.       \$       0.       \$	(d) Charitable Purposes  \$ 21. 0. \$ 21.	
Statement 4 Form 990-PF, Part III, Line 3 Other Increases			
Rounding	Total	\$ <u>1.</u> \$ <u>1.</u>	
Statement 5 Form 990-PF, Part XV, Line 1a Foundation Managers - 2% or Mod Horace Nunley Strong Dale Strong Kelly Brewer	re Contributors	,	

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# Federal Statements Strong Family Foundation dated December 1, 2012

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### Statement 6 Form 990-PF, Part XV, Line 3a Recipient Paid During the Year

Name and Address	Donee <u>Relationship</u>	Found- ation <u>Status</u>	Purpose of Grant	<u>Aı</u>	mount
Monrovia Volunteer Fire Rescue 345 Mt. Zion Road Monrovia AL 35757	None	Public	Support	\$	1,100.
Westminster Christian Academy 237 Johns Road NW Huntsville AL 35806	None	Public	Support		200.
Mt. Zion Baptist Church 228 Mt Zion Rd Huntsville AL 35806	None	Public	Support		400.
Mt. Zion Baptıst Church 228 Mt Zion Rd Huntsville AL 35806	None	Public	Support		3,000.
Providence Baptist Church 1355 Douglass Road Hunstville AL 38506	None	Public	Support		1,000.
Monrovia Middle School 1216 Jeff Road Huntsville AL 35806	None	Public	Support		2,000.
Mt. Zion Baptist Church 228 Mt Zion Rd Huntsville AL 35806	None	Public	Support		500.
Mt. Zion Baptist Church 228 Mt Zion Rd Huntsville AL 35806	None	Public	Support		50.
Mt. Zion Baptist Church 228 Mt Zion Rd Huntsville AL 35806	None	Public	Support		50.
But God Ministries 1440 North State Street Jackson MS 39202	None	Public	Support		400.
Westminster Christian Academy 237 Johns Road NW Huntsville AL 35806	None	Public	Support		700.
Monrovia Volunteer Fire Rescue 345 Mt. Zion Road Monrovia AL 35757	None	Public	Support		500.

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	Strong Family Foundation dated December 1, 2012	46-6401140

Statement 6 (continued) Form 990-PF, Part XV, Line 3a Recipient Paid During the Year

Name and Address	Donee Relationship	Found- ation Status	Purpose of Grant	 Amount
Mt. Zion Baptist Church 228 Mt Zion Rd Huntsville AL 35806	None	Public	Support	\$ 200.
Mt. Zion Baptist Church 228 Mt Zion Rd Huntsville AL 35806	None	Public	Support	500.
Providence Baptist Church 1355 Douglass Road Hunstville AL 38506	None	Public	Support	1,813.
BROADWAY THEATER LEAGUE OF HUNTSVILLE INCORPORATED 700 Monroe Street Huntsville AL 35801	None	Public	Support	300.
Christian Women's Job Corps 600 Govenors Drive Huntsville AL 35801	None	Public	Support	500.

Total \$

13,213.