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#### DLN: 93491176001106

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

For	cale	ndar year 2015, or tax y	year beginning 01-0	01-2015	, an	d ending 1	2-31-2015	
	e of four	ndation SR FOUNDATION INC				A Employer ide	entification numbe	er
		AM L AMOS JR MD				58-2399470		
Num	ber and	street (or P O box number if mail is	not delivered to street address)	Room/suite		<b>B</b> Telephone nur	nber (see instruction	s)
38	OCEAN	CLUB DRIVE				(904) 491-0229		
		state or province, country, and ZIP c ND, FL 32034	r foreign postal code			<b>C</b> If exemption	application is pendin	g, check here 🕨 🦵
G CI	neck al	I that apply   Initial return	Initial return of a fo	ormer public charity				_
•	reek ar	Final return Address change	A mended return	ormer public ename,		2. Foreign or	ganizations, check h ganizations meeting k here and attach co	the 85%
H Ch	eck ty	pe of organization 🔽 Section 1947(a)(1) nonexempt charital	ole trust   Other taxabl	e private foundation		E If private for	indation status was to 507(b)(1)(A), chec	terminated
		et value of all assets at end rom Part II, col. (c),	JAccounting method ☐ Other (specify)	✔ Cash   Accrual	'		ition is in a 60-mont n 507(b)(1)(B), chec	
		\$ 22,280,552	(Part I, column (d) must	be on cash basıs.)		under section	1 307(b)(1)(b), chec	. ,
Pa	rt I	Analysis of Revenue a (The total of amounts in columns	(b), (c), and (d) may not	Revenue and expenses per (a) books	(p)	et investment income	Adjusted net (c) income	Disbursements for charitable purposes (d) (cash basis only)
	1	Contributions, gifts, grants, e	etc , received (attach					7,
		schedule)		565,778				
	2	Check 🟲 🦵 If the foundation	is <b>not</b> required to attach					
		, , , , , , , , , , , , , , , , , , ,						
	3	Interest on savings and temp	oorary cash investments	679		679		
	4	Dividends and interest from s	securities	570,909		570,909		
	5a	Gross rents						
Reveilue	ь	Net rental income or (loss) _						
	6a	Net gain or (loss) from sale o	fassets not on line 10	122,638				
	ь	Gross sales price for all asse	ts on line 6a					
ď	7	Capital gain net income (fron	n Part IV, line 2)			122,638		
	8	Net short-term capital gain						
	9	Income modifications						
	10a	Gross sales less returns and allowances						
	Ь	Less Cost of goods sold.						
	C	Gross profit or (loss) (attach	•					_
	11	Other income (attach schedu	·					
	12	Total.Add lines 1 through 11		1,260,004		694,226		
	13	Compensation of officers, dir Other employee salaries and	·	0		0		0
. 6	14 15	Pension plans, employee ben						
Ř	16a	Legal fees (attach schedule).						
Expenses	ь	Accounting fees (attach sche		13,452		13,452		0
Ë	٥	Other professional fees (atta				59,897		0
₽	17	Interest		35,057				,
rat	18			<b>%</b> 30,000		0		0
¥	19	Taxes (attach schedule) (see Depreciation (attach schedul	•	3,111				
Administrative	20	Occupancy						
4	21	Travel, conferences, and mee						
and	22	Printing and publications.	_					
	23	Other expenses (attach sche						1
ğt III	24	Total operating and administ						
Operating		Add lines 13 through 23	-	103,349		73,349		0
ŏ	25	Contributions, gifts, grants p		1,064,700				1,064,700
	26	Total expenses and disburser						
		25		1,168,049		73,349		1,064,700
	27	Subtract line 26 from line 12						
	a	Excess of revenue over expe		91,955		630.0==		
	b	Net investment income (if ne Adjusted net income(if negat				620,877		
	C	Adjusted Het Income(II negat	.ive, enter -0-)					

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	(a) Book value	(B) Book value	(c) I all Flanket Value
	2	Savings and temporary cash investments	539,722	377,494	377,494
	3	Accounts receivable			
		Less allowance for doubtful accounts 🕨			
	4	Pledges receivable			
		Less allowance for doubtful accounts 🕨			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	O ther notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts 🟲			
	8	Inventories for sale or use			
et E	9	Prepaid expenses and deferred charges			
Assets	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	15,001,642	15,101,164	21,655,808
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	95,339	250,000	247,250
	14	Land, buildings, and equipment basis 🕨			
		Less accumulated depreciation (attach schedule) 🟲			
	15	Other assets (describe 🟲)			
	16	Total assets(to be completed by all filers—see the			
		ınstructions Also, see page 1, item I)	15,636,703	15,728,658	22,280,552
	17	Accounts payable and accrued expenses	5,632	5,632	
	18	Grants payable			
ě	19	Deferred revenue			
abilities	20	Loans from officers, directors, trustees, and other disqualified persons			
Lia	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe 🟲)			
	23	Total liabilities(add lines 17 through 22)	5,632	5,632	
٠.		Foundations that follow SFAS 117, check here 🕨 🦵			
÷		and complete lines 24 through 26 and lines 30 and 31.			
lan	24	Unrestricted			
Ва	25	Temporarily restricted			
Ξ	26	Permanently restricted			
or Fund Balances		Foundations that do not follow SFAS 117, check here 🕨 🔽			
		and complete lines 27 through 31.			
£	27	Capital stock, trust principal, or current funds	0	0	
SS	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
Net Assets	29	Retained earnings, accumulated income, endowment, or other funds	15,631,071	15,723,026	
⊉	30	Total net assets or fund balances(see instructions)	15,631,071	15,723,026	
	31	Total liabilities and net assets/fund balances(see instructions)	15,636,703	15,728,658	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances		, .	
1		Total net assets or fund balances at beginning of year—Part II, column (			
		with end-of-year figure reported on prior year's return)			15,631,071
2		Enter amount from Part I, line 27a		<del></del>	91,955
3		Other increases not included in line 2 (itemize)		_ 3	0
4		Add lines 1, 2, and 3		4	15,723,026
5		Decreases not included in line 2 (itemize) ►		_ 5	0
6		Total net assets or fund balances at end of year (line 4 minus line 5)—Pa	art II. column (b) line	e 30. l <b>6</b> l	15.723.026

Part :	IV Capital Gains and Lo	osses for Tax on Inve	stment Inco	me		
	List and describe the kin (a) 2-story brick warehouse,	d(s) of property sold (e g , ro or common stock, 200 shs		How acquired P—Purchase <b>(b)</b> D—Donation	Date acquired	Date sold (d) (mo , day, yr
1 a	AFLAC CALL TRANSACTIO	NS		P	2015-01-01	2015-12-31
b	AFLAC CALL TRANSACTIO	NS		P	2015-01-01	2015-12-31
С С	AFLAC INC COMMON SHA	RES		P	2012-09-10	2015-10-20
d	CITIGROUP INC			P	2013-10-21	2015-01-15
е						
(€	e) Gross sales price	Depreciation allowe (f) (or allowable)		ost or other basıs us expense of sale		n or (loss) s (f) mınus (g)
а	155,511					155,511
b	124,214			208,800		-84,586
С	253,313			201,600		51,713
d	100,000			100,000		(
е						
Со	mplete only for assets showing	gaın ın column (h) and own	ed by the foundat	tion on 12/31/69		(h) gaın mınus
(i)	FM V as of 12/31/69	A djusted basis (j) as of 12/31/69		Excess of col (1) ver col (j), ıf any		ot less than -0-) <b>o</b> i (from col (h))
a						155,511
b						-84,586
с						51,713
d						(
е						
2	Capital gain net income or (r	net capital loss)		er in Part I, line 7 -0 - in Part I, line 7	2	122,638
3	Net short-term capital gain o	or (loss) as defined in sectio	ns 1222(5) and	(6)		
	If gain, also enter in Part I, l in Part I, line 8	ine 8, column (c) (see instru		•	3	
Part	V Qualification Under	Section 4940(e) for F	Reduced Tax	on Net Investme	nt Income	
	cional use by domestic private for 4940(d)(2) applies, leave the		ection 4940(a) t	ax on net investment	income )	
	e foundation liable for the section				rıod?	┌ Yes ┌ No

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

(a) Base period years Calendar year (or tax year beginning in)		<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		(d) Distribution ratio (col (b) divided by col (c))
	2014	1,053,157	22,193,204		0 047454
	2013	842,790	21,048,068		0 040041
	2012	865,136	17,342,604		0 049885
	2011	733,338	17,373,029		0 042211
	2010	637,340	15,667,971		0 040678
2	<b>Total</b> of line 1, colum	n (d)		2	0 220269
3	-	ratio for the 5-year base period—di the foundation has been in existenc		3	0 044054
4	Enter the net value o	f noncharitable-use assets for 201!	5 from Part X, line 5	4	22,535,382
5	Multiply line 4 by line	e 3		5	992,774
6	Enter 1% of net inve	stment income (1% of Part I, line 2	7b)	6	6,209
7	Add lines 5 and 6.			7	998,983
8	Enter qualifying disti	ributions from Part XII, line 4		8	1,064,700
	If line 8 is equal to o the Part VI instruction	•	in Part VI, line 1b, and complete tha	it part	using a 1% tax rate See

	990-PF (2015)  t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b),	494N(a)	or 4948—se	e nage	18 of	the inst	ructio		age <b>4</b>
	Exempt operating foundations described in section 4940(d)(2), check here		, 01 +5+0 -3.	<del>د pag</del> ر ا	. 10 01	the mac	ructio	113)	
1a	and enter "N/A" on line 1	-							
	Date of ruling or determination letter			}					
	(attach copy of letter if necessary—see instructions)  b Domestic foundations that meet the section 4940(e) requirements in Part V, check  1								. 200
Ь	here F and enter 1% of Part I, line 27b	, check	`	)	1				5,209
c	<b>'</b>			•					
	All other domestic foundations enter 2% of line 27b Exempt foreign organize Part I, line 12, col (b)	zations	enter 4 % or						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable for	undatıor	ns only Othe	ers	,				
3	enter -0-) Add lines 1 and 2				3				0 5,209
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable fo	 undatioi	ns only Oth	• ers					,209
-	enter -0-)				4				0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less,	enter - (	0	•	5			6	5,209
6	Credits/Payments	1 -	1						
a	2015 estimated tax payments and 2014 overpayment credited to 2015	6a	2	1,752					
b	Exempt foreign organizations—tax withheld at source	6b							
C	Tax paid with application for extension of time to file (Form 8868) Backup withholding erroneously withheld	6c							
d 7	Total credits and payments Add lines 6a through 6d	6d			7			2 ·	1,752
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form				8				1,732
9	Tax due.If the total of lines 5 and 8 is more than line 7, enter amount owed			•	9				
10	Overpayment.If line 7 is more than the total of lines 5 and 8, enter the amou			<b>&gt;</b>	10			1!	 5,543
11	Enter the amount of line 10 to be Credited to 2015 estimated tax	15,543	Refunded	•	11				0
Par	t VII-A Statements Regarding Activities								
1a	During the tax year, did the foundation attempt to influence any national, sta	te, or lo	cal legislatio	n or di	d			Yes	No
	ıt participate or intervene in any political campaign?						1a		No
b	$\operatorname{Did}\nolimits$ it spend more than \$100 during the year (either directly or indirectly) for	politica	al purposes (	see In	structı	ons			
	for definition)?						1b		No
	If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities	es and co	opies of any i	materia	ls				
	published or distributed by the foundation in connection with the activities.  Did the foundation file Form 1120-POL for this year?						1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imp			 r		•	10		NO
u	(1) On the foundation $\Rightarrow$ \$ 0 (2) On foundation managers		= -						
e	Enter the reimbursement (if any) paid by the foundation during the year for po				osed				
	on foundation managers 🕨 \$0		·						
2	Has the foundation engaged in any activities that have not previously been re	eported	to the IRS?				2		No
	If "Yes," attach a detailed description of the activities.								
3	Has the foundation made any changes, not previously reported to the IRS, in	ıts gov	ernıng ınstru	ment,	articles	5			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a con						3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more	_					4a	$\vdash$	No
ь -	If "Yes," has it filed a tax return on Form 990-T for this year?						4b	$\vdash$	
5	Was there a liquidation, termination, dissolution, or substantial contraction d If "Yes," attach the statement required by General Instruction T.	iuring th	e year/				5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4	945\cs	sticfied eithe	r					
J	By language in the governing instrument, or	J + J / 30	icisiica ciciic						
	By state legislation that effectively amends the governing instrument so to	that no r	mandatory d	irectio	ns				
	that conflict with the state law remain in the governing instrument? . $$ .						6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year	r? <i>If "Ye</i>	s," complete	Part II,	col. (c	),			
	and Part XV.						7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered .	(see in	structions)						
-	►GA	000 55	L. II. * * * *						
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 9. General (or designate) of each state as required by General Instruction G? I.						8b	Voc	
9	General (or designate) of each state as required by General Instruction $G \cap I$ . Is the foundation claiming status as a private operating foundation within the				(1)(3)		οD	Yes	
9	or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (		_						
	If "Yes," complete Part XIV						9		No
10	Did any persons become substantial contributors during the tax year? If "Yes	s," attacı	h a schedule	listing	their n	ames			
	and addresses. 📆						10	Yes	

Par	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		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ►N/A			
14	The books are in care of ►WILLIAM LAMOS JR MD  Telephone no ►(904)	1491	-0229	
	Located at ►38 OCEAN CLUB DRIVE AMELIA ISLAND FL ZIP+4 ►32034	<del>/</del>	0223	
15	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			
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over		Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial			
	Accounts (FBAR) 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
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes V No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes V No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)? <b>Yes</b> $\overline{\lor}$ <b>No</b>			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days ) Yes 🔽 No			
Ь	If any answer is "Yes" to $1a(1)-(6)$ , did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations	41		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
	that were not corrected before the first day of the tax year beginning in 2015?	1c		No
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))			
а	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?			
	If "Yes," list the years > 20, 20, 20			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to <b>all</b> years listed, answer "No" and attach statement—see instructions )	2b		
С	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here			
Ī	► 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?			
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.).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
ь	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?	4b		No

Pa	Statements Re	egarding Activities for	Which Form 4/20 N	day Be Required (Cont	inued)
5a	During the year did the founda	ation pay or incur any amount	to		
	(1) Carry on propaganda, or o	therwise attempt to influence	e legislation (section 494	5(e)) <sup>?</sup>	No
	(2) Influence the outcome of	any specific public election (s	see section 4955), or to	carry	
	on, directly or indirectly, a	any voter registration drive?.			No
	(3) Provide a grant to an indiv	ıdual for travel, study, or oth	er sımılar purposes?	┌ Yes ┌	No
	(4) Provide a grant to an orga				
	ın section 4945(d)(4)(A)?	(see instructions)		▼ Yes 「	No
	(5) Provide for any purpose of	ther than religious, charitable	e, scientific, literary, or		
		for the prevention of cruelty to			No
b	If any answer is "Yes" to 5a(1				
	Regulations section 53 4945				
	Organizations relying on a cui				
С	If the answer is "Yes" to ques				
	tax because it maintained exp			Yes	No
	If "Yes," attach the statement r				
6a	Did the foundation, during the				
	a personal benefit contract?.				
Ь	Did the foundation, during the	year, pay premiums, directly	or indirectly, on a persor	nai penefit contract?	. 6b No
_	If "Yes" to 6b, file Form 8870.				<u> </u>
7a	At any time during the tax yea	, ,	·		
	If yes, did the foundation rece				
Pa	rt VIIII and Contractors	out Officers, Directors	, irustees, Foundat	ion managers, Hignly	Paid Employees,
<u> </u>	List all officers, directors, trus		nd their compensation (se	ee instructions).	
				(d)	
	(a) Name and address	Title, and average hours per week	(c) Compensation(If not paid, enter	Contributions to	Expense account,
	• •	(b) devoted to position	-0-)	employee benefit plans and deferred compensation	(e) other allowances
WILL	IAM L AMOS JR MD	PRESIDENT, SECRETARY	0	0	
38 (	OCEAN CLUB DRIVE	TREAS	"	_	
AME	ELIA ISLAND,FL 32034	0 0 0			
WILL	IAM L AMOS III	V PRES, ASST	0	0	0
	OCEAN CLUB DRIVE ELIA ISLAND,FL 32034	SECRETARY 0 00			
ASHL	EY COPELAN	V PRES, ASST	0	0	0
	OCEAN CLUB DRIVE	SECRETARY 0 00			
	ELIA ISLAND,FL 32034				
	Compensation of five highest-	paid employees (other than t	hose included on line 1—s	Contributions to	ter "NONE."
Na	(a) me and address of each employ more than \$50,000	ee paid Title, and avera hours per wee (b) devoted to posit	k (c) Compensation	employee henefit	Expense account, (e) other allowances
100	NE				
		<del></del>			
	al number of other employees pa				0
. OLG	ar namber of other employees po	414 UVCI DUU,UUU			U

and Contractors (continued)  3 Five highest-paid independent contractors for professional services (s	see instructions). If none, enter "NON	NF".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
otal number of others receiving over \$50,000 for professional services.		• 0
Part IX-A Summary of Direct Charitable Activities		•
·	aught statutural information such as the number	or of
ist the foundation's four largest direct charitable activities during the tax year. Include rele rganizations and other beneficiaries served, conferences convened, research papers produ		Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (	see instructions)	
Describe the two largest program-related investments made by the foundation during the	the tax year on lines 1 and 2	A mount
1		
2		
All other program-related investments See instructions		
· -		
3		I
3		

#### Part X Minimum Investment Return

Pa	(All domestic foundations must complete this part. Foreign foundations, see instruction	s.)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,		
	purposes		
а	Average monthly fair market value of securities	1a	22,177,113
b	Average of monthly cash balances	1b	701,447
c	Fair market value of all other assets (see instructions)	1c	0
d	<b>Total</b> (add lines 1a, b, and c)	1d	22,878,560
е	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	22,878,560
4	Cash deemed held for charitable activities $$ Enter 1 $$ 1/2 $$ % of line 3 (for greater amount, see		
	instructions)	4	343,178
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	22,535,382
6	Minimum investment return. Enter 5% of line 5	6	1,126,769
Pai	t XI  Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and cer check here ► □ and do not complete this part.)	rtaın f	oreign organizations
1	Mınımum ınvestment return from Part X, line 6	1	1,126,769
2a	Tax on investment income for 2015 from Part VI, line 5   2a   6,209		
b	Income tax for 2015 (This does not include the tax from Part VI) 2b		
С	Add lines 2a and 2b	2c	6,209
3	Distributable amount before adjustments Subtract line 2c from line 1	3	1,120,560
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	1,120,560
6	Deduction from distributable amount (see instructions)	6	0
7	Distributable amountas adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	1,120,560
Par	t XII Qualifying Distributions (see instructions)		
1	A mounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	1,064,700
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc ,		
	purposes	2	
3	A mounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions.Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,064,700
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	ıncome Enter 1% of Part I, line 27b (see instructions)	5	6,209
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,058,491
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth the section 4940(e) reduction of tax in those years	er the	foundation qualifies for

P	art XIII Undistributed Income (see insti	ructions)			
		(a) Corpus	(b) Years prior to 2014	(c) 2014	( <b>d)</b> 2015
1	Distributable amount for 2015 from Part XI, line 7				1,120,560
2	Undistributed income, if any, as of the end of 2015				
а	Enter amount for 2014 only			1,047,953	
Ь	Total for prior years 20, 20, 20		0		
3	Excess distributions carryover, if any, to 2015				
а	From 2010				
	From 2011				
c	From 2012				
d	From 2013				
	From 2014				
	Total of lines 3a through e		0		
	Qualifying distributions for 2015 from Part				
•	XII, line 4 <b>&gt;</b> \$ 1,064,700				
a	Applied to 2014, but not more than line 2a			1,047,953	
	Applied to undistributed income of prior years		0	, ,	
	(Election required—see instructions)				
С	Treated as distributions out of corpus (Election required—see instructions)		0		
d	Applied to 2015 distributable amount				16,747
е	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).)				
6	Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5		0		
	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)		0		
_	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable amount —see instructions		0		
е	Undistributed income for 2014 Subtract line				
	4a from line 2a Taxable amount—see			0	
_	instructions			Ů,	
t	Undistributed income for 2016 Subtract				
	lines 4d and 5 from line 1 This amount must be distributed in 2015				1,103,813
7	Amounts treated as distributions out of				
•	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (Election may				
	be required - see instructions)		0		
8	Excess distributions carryover from 2010 not		0		
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2016.		0		
	Subtract lines 7 and 8 from line 6a				
	Analysis of line 9				
	Excess from 2011				
	Excess from 2012				
	Excess from 2013				
	Excess from 2014				
е	Excess from 2015				

	Private Operating Foundat	•			19)		
1a	If the foundation has received a ruling or determ						
	foundation, and the ruling is effective for 2015,						
	b Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)						
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total	
	investment return from Part X for each	(a) 2015	<b>(b)</b> 2014	(c) 2013	(d) 2012		
	year listed						
<b>b</b> 8	35% of line 2a						
c	Qualifying distributions from Part XII,						
	line 4 for each year listed						
d	Amounts included in line 2c not used						
	directly for active conduct of exempt activities						
e	Qualifying distributions made directly						
•	for active conduct of exempt activities						
	Subtract line 2d from line 2c						
3	Complete 3a, b, or c for the						
	alternative test relied upon						
а	"Assets" alternative test—enter						
	(1) Value of all assets		1				
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)						
b	"Endowment" alternative test— enter 2/3		1				
-	of minimum investment return shown in						
	Part X, line 6 for each year listed						
C	"Support" alternative test—enter						
	(1) Total support other than gross						
	investment income (interest, dividends, rents, payments						
	on securities loans (section						
	512(a)(5)), or royalties)						
	(2) Support from general public						
	and 5 or more exempt organizations as provided in						
	section $4942(j)(3)(B)(iii)$						
	(3) Largest amount of support						
	from an exempt organization						
	(4) Gross investment income						
Pa	rt XV Supplementary Information (C			e organizatio	n had \$5,000 o	r more in	
	assets at any time during the	<u>year—see ins</u>	tructions.)				
L a	<b>Information Regarding Foundation Managers:</b> List any managers of the foundation who have co	ontributed more th	nan 2% of the tota	ıl contributions rec	eived by the found	lation	
	before the close of any tax year (but only if they					ideloli	
b	List any managers of the foundation who own 10				large portion of th	е	
	ownership of a partnership or other entity) of wh	ich the loundation	inas a 10% or gre	eaterinterest			
	Total Control Control Control City	Cabalanak	:t- B				
2	Information Regarding Contribution, Grant, Gift						
	Check here ► ✓ If the foundation only makes counsolicited requests for funds. If the foundation						
	other conditions, complete items 2a, b, c, and d		its, etc. (see ilisti)	actions) to marvia	dais of organizatio	iis uiidei	
а	The name, address, and telephone number or e	mail address of th	e nerson to whom	annlications shou	ld he addressed		
u	The name, address, and telephone number of el	man address of th	e person to whom	applications shou	ia be addressed		
b	The form in which applications should be submi	tted and informat	ion and materials t	they should includ	e		
C	Any submission deadlines						
_	A						
d	Any restrictions or limitations on awards, such factors	as by geographic	aı areas, charitabl	e neias, kinds of ii	nstitutions, or othe	Γ	

Part XV Supplementary Information(continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of Amount contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year See Additional Data Table 1,064,700 **b** Approved for future payment

Form 990-PF (2015)  Part XVI-A Analysis of Income-Produc	ing Activitie	:S			Page <b>12</b>
Enter gross amounts unless otherwise indicated		isiness income	Excluded by section	<u> </u>	(e) Related or exempt function income
1 Program service revenue	(a) Business code	( <b>b)</b> A mount	(c) Exclusion code	(d) A mount	(See Instructions )
a b					
c d					
e f					
<ul> <li>g Fees and contracts from government agencies</li> <li>2 Membership dues and assessments.</li> <li>3 Interest on savings and temporary cash investments.</li> </ul>			14	679	
4 Dividends and interest from securities 5 Net rental income or (loss) from real estate			14	570,909	
a 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					
9 Net income or (loss) from special events			18	122,638	
<ul><li>10 Gross profit or (loss) from sales of inventory</li><li>11 Other revenue a</li></ul>					
b					
d e					
12 Subtotal Add columns (b), (d), and (e).  13 Total.Add line 12, columns (b), (d), and (e).		0		694,226 <b>13</b>	
(See worksheet in line 13 instructions to verify Part XVI-B Relationship of Activities to		plishment of E	xempt Purpos	es	
Line No. Explain below how each activity for wh the accomplishment of the foundation's instructions )					

Part	XVI	I Information Re Noncharitable				sactions and I	Relationships	With		
		organization directly or i	ndırectly (	engage in any	of the following w				V	NI-
		501(c) of the Code (othe	r than se	ction 501(c)(3	3) organizations)	or in section 527,	relating to politic	al	Yes	No
_		tions?	dation to	a nanahawtah	ale evennt ergeni					
		s from the reporting four h						1a(1)		No
		erassets						1a(1)	+	No
` '		ansactions						Id(2)		NO
		es of assets to a noncha	ritable ex	emnt organiza	tion			1h(1)		No
		chases of assets from a							_	No
		tal of facilities, equipme							+ +	No
		mbursement arrangemen							_	No
		ns or loan guarantees.							+ +	No
		rmance of services or m							+ -	No
		of facilities, equipment, i								No
	_	swer to any of the above	_						alue	
		ods, other assets, or se ansaction or sharing arra	angement	, show in colui	mn ( <b>d)</b> the value o	of the goods, other			e	
(a) Line	: No	(b) Amount involved	(c) Name	of noncharitable	exempt organization	(d) Description	of transfers, transact	ions, and sharing arr	angemer	nts
des	cribe	undation directly or indi d in section 501(c) of th complete the following s (a) Name of organization	ne Code (d schedule			r in section 527?.		otion of relationship	es 🔽	No
Sign	the	der penalties of perjury, be best of my knowledge a prmation of which prepar	nd belief,	ıt ıs true, corr				in taxpayer) is ba	sed on	all
Here		*****			2016-06-24	*****		May the IRS of return with the prepared below		
	•	Signature of officer or t	rustee		Date	<b>r</b> Title		(see instr )?	<sup>7</sup> Yes∏	No
		Print/Type preparer's ALPA PATEL	name	Preparer's S	ıgnature	Date 2016-06-24	Check if self- employed ►	PTIN P00358	477	
Paid Prepa Use	areı		DMAN L	LP			Firm's EIN ► 5	6-0747981		
Only		Firm's address F  191 PEACHTREE STF  ATLANTA, GA 3030		SUITE 2700			Phone no (404	)575-8900		

Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	A mount
Name and address (home or business)	or substantial contributor	recipient		
<b>a</b> Paid during the year				
ALZHEIMERS ASSOCIATION 886 MULBERRY STREET MACON,GA 31201	N/A	501 (C)(3)	MEDICAL RESEARCH	72,000
ANIMAL ADOPTION CENTER PO BOX 8532 JACKSON,WY 83002	N/A	501 (C)(3)	EDUCATIONAL PURPOSES	1,000
AWAKENING FOUNDATION PO BOX 19177 ATLANTA,GA 31126	N/A	501 (C)(3)	EDUCATIONAL PURPOSES	10,000
BARNABAS 11 SOUTH 11TH STREET FERNADINA BEACH,FL 32034	N/A	501 (C)(3)	HUMANITARIAN PURPOSES	2,500
BIG HOUSE FOUNDATION 2321 VINEVILLE AVENUE MACON, GA 31208	N/A	501 (C)(3)	EDUCATIONAL PURPOSES	5,000
BOY SCOUTS OF AMERICA 1325 WEST WALNUT HILL LANE IRVING,TX 75015	N/A	501 (C)(3)	EDUCATIONAL PURPOSES	25,300
BOYS & GIRLS CLUB OF NASSAU PO BOX 16003 FERNADINA BEACH,FL 32035	N/A	501 (C)(3)	HUMANITARIAN PURPOSES	25,000
BROOKSTONE SCHOOL 440 BRADLEY PARK DRIVE COLUMBUS,GA 31904	N/A	501 (C)(3)	EDUCATIONAL PURPOSES	5,650
CENTRE CONGREGATIONAL HOLINESS CHURCH 3888 FAYETTEVILLE HIGHWAY GRIFFIN,GA 30223	N/A	501 (C)(3)	RELIGIOUS PURPOSES	5,000
CHILDREN'S MIRCLE NETWORK 205 WEST 700 SOUTH SALT LAKE CITY,UT 84101	N/A	501 (C)(3)	MEDICAL RESEARCH PURPOSES	1,000
COLUMBUS REGIONAL HEALTH FOUNDATION 707 CENTER STREET COLUMBUS,GA 31901	N/A	501 (C)(3)	MEDICAL PURPOSES	1,400
COMMUNITY FOUNDATION - MUSCOGEE COUNTY LIBRARY FOUNDATION 1340 13TH STREET COLUMBUS,GA 31901	N/A	501 (C)(3)	EDUCATIONAL PURPOSES	500
FCA 8701 LEEDS ROAD KANSAS CITY,MO 64129	N/A	501 (C)(3)	EDUCATIONAL PURPOSES	2,000
FIRST PRESBYTERIAN DAY SCHOOL 5671 CALVIN DRIVE MACON,GA 31210	N/A	501 (C)(3)	EDUCATIONAL PURPOSES	102,000
FURMAN 3300 POINSETT HIGHWAY GREENVILLE,SC 29613	N/A	501 (C)(3)	EDUCATIONAL PURPOSES	10,000
Total			▶ 3a	1,064,700

CENTER   2943 SMU BOULEVARD   DALLAS,TX 75020					
Name and address (home or business)   any foundation manager or substantial contributor   a Rad during the year   CECORGE W BUSH PRESIDENTIAL CENTER 2943 SMU BOULEVARD   DALLAS, TX 75020	Recipient				A mount
GEORGE W BUSH PRESIDENTIAL CHARGE COLLEGE CANDES SOLICITION OF COLLEGE	•	any foundation manager		Contribution	
CENTER 2943 SMU BOULEVARD DALLAS, TX, 75020  GEORGIA MILITARY COLLEGE 201 EAST GREENE STRETT MILLEDGEVILLE, GA 31061  GEORGIA SPORTS HALL OF FAME FOUNDATION PO 80X 4634 MACON, GA 31208  GEORGIA WOMEN OF A CHIEVEMENT PO 80X 3637 MACON, GA 31210  HEALTH M POWERS 3200 POINTE PARKWAY STE 400 NOA CROSS, GA 30922  HERITAGE FOUNDATION POST OFFICE BXO 5312 COLUMBUS, GA 31906  INTERCOLLEGIATE STUDIES INVA INVA S01 (C)(3)  EDUCATIONAL PURPOSES  1,4  DOLCATIONAL PURPOSES  1,5  MACON, GA 31210  BEDUCATIONAL PURPOSES  1,6  DOLCATIONAL PURPOSES  1,7  DOLCATIONAL PURPOS	a Paid during the year				
201 EAST GREENE STREET	CENTER 2943 SMU BOULEVARD	N/A	501 (C)(3)	EDUCATIONAL PURPOSES	10,000
FOUNDATION PO BOX 4644 MACON, 6A 31208  GEORGIA WOMEN OF ACHIEVEMENT PO BOX 4667 MACON, 6A 31210  HEALTH M POWERS 3200 POINTE PARKWAY STE 4D0 NORCROSS, GA 30992  HERITAGE FOUNDATION LISTORIC COLUMBUS FOUNDATION POST OFFICE BXO 5312 COLUMBUS, GA 31906  INTERCOLLEGIATE STUDIES INSTITUTE 3901 CENTERVILLE ROAD WILMINGTON, DE 19807  JAYS HOPE JOSE FORSYTH STREET MACON, GA 31201  JOEL OSTEEN MINISTRIES PO BOX 4600 HOUSTON, TX 72210  JOHN B AMOS CANCER CENTER 1831 STH AVENUE COLUMBUS, GA 31904  N/A  501 (C)(3) FOUNDATION PO BOX 4600 HOUSTON, TX 72210  JOHN B AMOS CANCER CENTER COLUMBUS, GA 31904  N/A  501 (C)(3) FOUCATIONAL PURPOSES  50,4  MEDICAL RESEARCH PURPOSES  50,4  EDUCATIONAL PURPOSES  50,6	201 EAST GREENE STREET	N/A	501 (C)(3)	EDUCATIONAL PURPOSES	5,000
ACHIEVEMENT PO BOX 8667 MACON, GA 31210  HEALTH M POWERS 3200 POINTE PARKWAY STE 400 NORCROSS, GA 30092  HERITAGE FOUNDATION 214 MASSACHUSETTS AVE NE WASHINGTON, DC 20002  HISTORIC COLUMBUS FOUNDATION POST OFFICE BXO 5312 COLUMBUS, GA 31906  INTERCOLLEGIATE STUDIES INSTITUTE 1991 CENTERVILLE ROAD WILMINGTON, DE 19807  JAYS HOPE 1157-B FORSYTH STREET MACON, GA 31201  JOEL OSTEEN MINISTRIES PO BOX 4600 HOUSTON, TX 77210  JOHN B AMOS CANCER CENTER 1831 STH AVENUE JOURNEY CHURCH PO BOX 15575 ATLANTA, GA 30333  N/A  SO1 (C)(3)  EDUCATIONAL PURPOSES  5,4  EDUCA	FOUNDATION PO BOX 4644	N/A	501 (C)(3)	EDUCATIONAL PURPOSES	1,000
3200 POINTE PARKWAY STE 400 NORCROSS, GA 30092  HERITAGE FOUNDATION 214 MASSACHUSETTS AVE NE WASHINGTON, DC 20002  HISTORIC COLUMBUS FOUNDATION POST OFFICE BXO 5312 COLUMBUS, GA 31906  INTERCOLLEGIATE STUDIES INSTITUTE 3901 CENTERVILLE ROAD WILMINGTON, DE 19807  JAYS HOPE 1157-8 FORSYTH STREET MACON, GA 31201  JOEL OSTEEN MINISTRIES PO BOX 4600 JOURNEY CHURCH PO BOX 15575 ATLANTA, GA 30333  JUNIOR LEAGUE 1240 WYNNTON ROAD COLUMBUS, GA 31906  LEUKEMIA AND LYMNPHOMA SOCIETY 3715 NORTHSIDE PARKWAY BUILDING 400 STE 300 ATLANTA, GA 30327  MACON, GA 31202  PURPOSES  125,(  BDUCATIONAL PURPOSES  50,(  C)(3) EDUCATIONAL PURPOSES  50,(  MEDICAL RESEARCH PURPOSES  5,(  ME	ACHIEVEMENT PO BOX 8667	N/A	501 (C)(3)	HUMANITARIAN PURPOSES	5,000
214 MASSACHUSETTS AVE NE	3200 POINTE PARKWAY STE 400	N/A	501 (C)(3)		1,000
FOUNDATION POST OFFICE BNO 5312 COLUMBUS, GA 31906  INTERCOLLEGIATE STUDIES INSTITUTE 3901 CENTERVILLE ROAD WILMINGTON, DE 19807  JAYS HOPE 1157-B FORSYTH STREET MACON, GA 31201  JOEL OSTEEN MINISTRIES PO BOX 4600 HOUSTON, TX 77210  JOHN B AMOS CANCER CENTER 1831 STH AVENUE COLUMBUS, GA 31904  JOURNEY CHURCH PO BOX 15575 ATLANTA, GA 30333  JUNIOR LEAGUE 1240 WYNNTON ROAD COLUMBUS, GA 31906  LEUKEMIA AND LYMNPHOMA SOCIETY 3715 NORTHSIDE PARKWAY BUILDING 400 ATLANTA, GA 30327  MACON FILM FESTIVAL PO BOX 929 MACON, GA 31202  SO1 (C)(3)  EDUCATIONAL PURPOSES  5,(1)  EDUCATIONAL PURPOSES  5,(2)  EDUCATIONAL PURPOSES  5,(3)  EDUCATIONAL PURPOSES  5,(4)  SO1 (C)(3)  MEDICAL RESEARCH PURPOSES  5,(4)  HUMANITARIAN PURPOSES  2,(4)  SO1 (C)(3)  MEDICAL RESEARCH 2,(5)  MEDICAL RESEARCH 2,(6)  SO1 (C)(7)  MEDICAL RESEARCH 2,(7)  SO1 (C)(8)  MEDICAL RESEARCH 2,(7)  SO1 (C)(8)  MEDICAL RESEARCH 2,(8)  SO1 (C)(9)  MEDICAL RESEARCH 2,(9)  SO1 (C)(10)  MEDICAL RESEARCH 2,(10)  SO1 (C)(10)  SO1 (C)(10	214 MASSACHUSETTS AVE NE	N/A	501 (C)(3)	EDUCATIONAL PURPOSES	125,000
INSTITUTE   3901 CENTERVILLE ROAD   WILMINGTON, DE 19807	FOUNDATION POST OFFICE BXO 5312	N/A	501 (C)(3)	EDUCATIONAL PURPOSES	500
1157-B FORSYTH STREET MACON, GA 31201  JOEL OSTEEN MINISTRIES PO BOX 4600 HOUSTON, TX 77210  JOHN B AMOS CANCER CENTER 1831 5TH AVENUE COLUMBUS, GA 31904  JOURNEY CHURCH PO BOX 15575 ATLANTA, GA 30333  JUNIOR LEAGUE 1240 WYNNTON ROAD COLUMBUS, GA 31906  LEUKEMIA AND LYMNPHOMA SOCIETY 3715 NORTHSIDE PARKWAY BUILDING 400 STE 300 ATLANTA, GA 30327  MACON FILM FESTIVAL PO BOX 929 MACON, GA 31202  N/A  501 (C)(3) EDUCATIONAL PURPOSES  5,(1)  MEDICAL RESEARCH 2,(2)  FOR MEDICAL RESEARCH 2,(3)  MEDICAL RESEARCH 2,(4)  SOI (C)(3)  MEDICAL RESEARCH 2,(6)  SOI (C)(7)  MEDICAL RESEARCH 7,(7)  SOI (C)(8)  MEDICAL RESEARCH 7,(8)  SOI (C)(9)  MEDICAL RESEARCH 7,(8)  SOI (C)(10)  MEDICAL RESEARCH 1,(10)  SOI (C)(10)  SOI (C)(10)  MEDICAL RESEARCH 1,(10)  SOI (C)(10)  SOI (C)(10)  MEDICAL RESEARCH 1,(10)  SOI (C)(10)  SOI (C)(10)	INSTITUTE 3901 CENTERVILLE ROAD	N/A	501 (C)(3)	EDUCATIONAL PURPOSES	50,000
PO BOX 4600 HOUSTON,TX 77210  JOHN B AMOS CANCER CENTER 1831 5TH AVENUE COLUMBUS, GA 31904  JOURNEY CHURCH PO BOX 15575 ATLANTA, GA 30333  JUNIOR LEAGUE 1240 WYNNTON ROAD COLUMBUS, GA 31906  LEUKEMIA AND LYMNPHOMA SOCIETY 3715 NORTHSIDE PARKWAY BUILDING 400 STE 300 ATLANTA, GA 30327  MACON FILM FESTIVAL PO BOX 929 MACON, GA 31202  MACON, GA 31202  MADICAL RESEARCH  501 (C)(3) MEDICAL RESEARCH 2,6  COMMUNITY SUPPORT 5,6  COMMUNITY SUPPORT 5,6	1157-B FORSYTH STREET	N/A	501 (C)(3)	EDUCATIONAL PURPOSES	5,000
1831 5TH AVENUE COLUMBUS, GA 31904  JOURNEY CHURCH PO BOX 15575 ATLANTA, GA 30333  JUNIOR LEAGUE 1240 WYNNTON ROAD COLUMBUS, GA 31906  LEUKEMIA AND LYMNPHOMA SOCIETY 3715 NORTHSIDE PARKWAY BUILDING 400 STE 300 ATLANTA, GA 30327  MACON FILM FESTIVAL PO BOX 929 MACON, GA 31202  PURPOSES  PURPOSES  5,(A)  501 (C)(3) RELIGIOUS PURPOSES  5,(A)  FOI (C)(3) RELIGIOUS PURPOSES  5,(A)  FOI (C)(3) RELIGIOUS PURPOSES  5,(A)  FOI (C)(3) FOI (C)(4) FOI (C)(4) FOI (C)(5)	PO BOX 4600	N/A	501 (C)(3)	EDUCATIONAL PURPOSES	5,000
ATLANTA, GA 30333  JUNIOR LEAGUE 1240 WYNNTON ROAD COLUMBUS, GA 31906  LEUKEMIA AND LYMNPHOMA SOCIETY 3715 NORTHSIDE PARKWAY BUILDING 400 STE 300 ATLANTA, GA 30327  MACON FILM FESTIVAL PO BOX 929 MACON, GA 31202  N/A  501 (C)(3)  HUMANITARIAN PURPOSES 2,5  501 (C)(3)  MEDICAL RESEARCH 2,6  501 (C)(3)  COMMUNITY SUPPORT 5,6	1831 5TH AVENUE	N/A	501 (C)(3)		2,000
1240 WYNNTON ROAD COLUMBUS, GA 31906  LEUKEMIA AND LYMNPHOMA SOCIETY 3715 NORTHSIDE PARKWAY BUILDING 400 STE 300 ATLANTA, GA 30327  MACON FILM FESTIVAL PO BOX 929 MACON, GA 31202  N/A  SO1 (C)(3)  MEDICAL RESEARCH 2,(3)  MEDICAL RESEARCH 501 (C)(3)  MEDICAL RESEARCH 5,(3)  MEDICAL RESEARCH 5,(3)  MEDICAL RESEARCH 5,(3)  MEDICAL RESEARCH 5,(3)		N/A	501 (C)(3)	RELIGIOUS PURPOSES	5,000
SOCIETY 3715 NORTHSIDE PARKWAY BUILDING 400 STE 300 ATLANTA, GA 30327  MACON FILM FESTIVAL PO BOX 929 MACON, GA 31202  N/A  SOCIETY 3715 NORTHSIDE PARKWAY BUILDING 400 STE 300 ATLANTA, GA 30327  N/A  501 (C)(3) COMMUNITY SUPPORT 5,0	1240 WYNNTON ROAD	N/A	501 (C)(3)	HUMANITARIAN PURPOSES	2,500
PO BOX 929 MACON, GA 31202	SOCIETY 3715 NORTHSIDE PARKWAY BUILDING 400 STE 300	N/A	501 (C)(3)	MEDICAL RESEARCH	2,000
Total	PO BOX 929	N/A	501 (C)(3)	COMMUNITY SUPPORT	5,000
·	Total			▶ 3a	1,064,700

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
a Paid during the year				
MACON MUSEUM OF ARTS AND SCIENCES 4182 FORSYTH ROAD MACON,GA 31210	N/A	501 (C)(3)	EDUCATIONAL PURPOSES	15,000
MAYO CLINIC 4500 SAN PABLO ROAD JACKSONVILLE,FL 32224	N/A	501 (C)(3)	MEDICAL & HUMANITARIAN PURPOSES	50,000
MERCER UNIVERSITY 1400 COLEMAN AVE MACON,GA 31207	N/A	501 (C)(3)	EDUCATIONAL PURPOSES	110,000
METHODIST HOME FOR CHILDREN 1041 WASHINGTON STREET RALEIGH,NC 27605	N/A	501 (C)(3)	HUMANITARIAN PURPOSES	500
MICAH'S PLACE PO BOX 16287 FERNADINA BEACH,FL 32035	N/A	501 (C)(3)	HUMANITARIAN PURPOSES	10,000
MIDDLE GEORGIA FCA 8701 LEEDS ROAD KANSAS CITY,MO 64129	N/A	501 (C)(3)	EDUCATIONAL PURPOSES	1,000
MURPHY HARPST 740 FLETCHER STREET CEDARTOWN,GA 30125	N/A	501 (C)(3)	HUMANITARIAN PURPOSES	5,000
NAVY SEALS FOUNDATION 1619 D STREET BLDG 5326 VIRGINIA BEACH,VA 23459	N/A	501 (C)(3)	HUMANITARIAN PURPOSES	1,000
NETWORK OF ENLIGHTENDED WOMEN 1210 MASSACHUSETTS AVENUE WASHINGTON,DC 20005	N/A	501 (C)(3)	EDUCATIONAL PURPOSES	10,000
OPEN DOOR COMMUNITY HOUSE 2405 SECOND AVENUE COLUMBUS,GA 31901	N/A	501 (C)(3)	RELIGIOUS AND HUMANITARIAN PURPOSES	500
OTIS REDDING FOUNDATION 339 COTTON AVENUE MACON,GA 31201	N/A	501 (C)(3)	EDUCATIONAL PURPOSES	1,000
RESCUE MISSION OF CENTRAL GEORGIA PO BOX 749 MACON,GA 31202	N/A	501 (C)(3)	HUMANITARIAN PURPOSES	25,000
RESCUING ANIMALS IN NASSAU COUNTY (RAIN) PO BOX 587 CALLAHAN,FL 32011	N/A	501 (C)(3)	ANIMAL CARE & SHELTER	10,000
SHARK SHOOTOUT CHARITIES 4600 EAST-WEST HIGHWAY BETHESDA,MD 20814	N/A	501 (C)(3)	EDUCATIONAL PURPOSES	7,500
SOAR PO BOX 388 BALSAM,NC 28707	N/A	501 (C)(3)	EDUCATIONAL PURPOSES	5,000
Total			▶ 3a	1,064,700

Recipient	If recipient is an individual,	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	recipient	Contribution	
a Paid during the year				
ST LUKE UNITED METHODIST CHURCH 1104 SECOND AVENUE COLUMBUS,GA 31901	N/A	501 (C)(3)	RELIGIOUS & HUMANITARIAN PURPOSES	270,000
ST MICHAELS ACADEMY 228 NORTH FOURTH STREET FERNADINA BEACH,FL 32034	N/A	501 (C)(3)	EDUCATIONAL PURPOSES	1,100
TAKE STOCK IN CHILDREN 76346 WILLIAM BURGESS BLVD YULEE,FL 32097	N/A	501 (C)(3)	EDUCATIONAL PURPOSES	5,250
THE BAG LADY 2391 DOWNING AVENUE SAVANNAH,GA 31404	N/A	501 (C)(3)	HUMANITARIAN PURPOSES	15,000
THE TRUTH PO BOX 5657 COLUMBUS,GA 31906	N/A	501 (C)(3)	RELIGIOUS PURPOSES	5,000
THINC ONE COLLEGE CIR LAGRANGE, GA 30240	N/A	501 (C)(3)	EDUCATIONAL PURPOSES	5,000
VINEVILLE UNITED METHODIST CHURCH 2045 VINEVILLE AVE MACON,GA 31204	N/A	501 (C)(3)	RELIGIOUS & HUMANITARIAN PURPOSES	7,000
YOUNG AMERICA'S FOUNDATION 11480 COMMERCE PARK DRIVE RESTON,VA 20191	N/A	501 (C)(3)	EDUCATIONAL PURPOSES	2,500
YOUNG LIFE PO BOX 520 COLORADO SPRINGS,CO 80901	N/A	501 (C)(3)	HUMANITARIAN PURPOSES	10,000
Total			▶ 3a	1,064,700

# **TY 2015 Accounting Fees Schedule**

Name: WL AMOS SR FOUNDATION INC

C/O WILLIAM L AMOS JR MD

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	13,452	13,452		0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491176001106	

# **TY 2015 Investments Corporate Stock Schedule**

Name: WL AMOS SR FOUNDATION INC

C/O WILLIAM L AMOS JR MD

Name of Stock	End of Year Book Value	End of Year Fair Market Value
AFLAC STOCK	15,101,164	21,655,808

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491176001106

# **TY 2015 Investments - Other Schedule**

Name: WL AMOS SR FOUNDATION INC

C/O WILLIAM L AMOS JR MD

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
OTHER INVESTMENTS	FMV	250,000	247,250

#### **TY 2015 Other Professional Fees Schedule**

Name: WL AMOS SR FOUNDATION INC

C/O WILLIAM L AMOS JR MD

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
PROFESSIONAL FEES	59,897	59,897		0	

# **TY 2015 Substantial Contributors Schedule**

Name: WL AMOS SR FOUNDATION INC

C/O WILLIAM L AMOS JR MD

Name	Address
WILLIAM L AMOS CHARITABLE LEAD ANNU	38 OCEAN CLUB DRIVE AMELIA ISLAND,FL 32034

#### **TY 2015 Taxes Schedule**

Name: WL AMOS SR FOUNDATION INC

C/O WILLIAM L AMOS JR MD

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL TAXES	30,000	0		0

efile GRAPHIC print - DO NOT PROCESS

As Filed Data

DLN: 93491176001106

OMB No 1545-0047

#### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

WL AMOS SR FOUNDATION INC

#### **Schedule of Contributors**

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

2015

**Employer identification number** 

C/O W	TELIAM LAMOS JE M	D   30-2399470				
Organization type (check one)						
Filers	Filers of: Section:					
Form 990 or 990-EZ		☐ 501(c)( ) (enter number) organization				
		527 political organization				
Form 9	90-PF	√ 501(c)(3) exempt private foundation				
		501(c)(3) taxable private foundation				
Gener	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Specia	al Rules					
Γ	under sections 509(a) received from any one	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> /3% support test of the regulations of (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that e contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Form 990-EZ, line 1 Complete Parts I and II				
Γ	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III					
Γ	during the year, contri this box is checked, e purpose Do not comp	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, butions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If inter here the total contributions that were received during the year for an exclusively religious, charitable, etc., lete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively to, contributions totaling \$5,000 or more during the year				

990-EZ, or 990-PF)

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990,

Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of 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

Name of organization
WL AMOS SR FOUNDATION INC
C/O WILLIAM LAMOS JR MD

Employer identification number 58-2399470

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1			Person $\Gamma$			
· · · · · · · · · · · · · · · · · · ·	WILLIAM L AMOS CHARITABLE LEAD ANNU 38 OCEAN CLUB DRIVE		Payroll			
		\$ 341,144	 Noncash <del>▽</del>			
	FERNANDINA BEACH, FL32034		(Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2			Person 🔽			
	WILLIAM L AMOS CHARITABLE LEAD ANNU 38 OCEAN CLUB DRIVE	0.224.624	Payroll —			
		\$ 224,634	Noncash —			
	FERNANDINA BEACH, FL32034		(Complete Part II for noncash contributions )			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
			Person _			
	-		Payroll			
		<u> </u>	Noncash —			
			(Complete Part II for noncash contributions )			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
			Person			
			Payroll			
		\$	Noncock			
			Noncash  (Complete Part II for noncash			
			contributions )			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
			Person			
		\$	Payroll $ extstyle  extsty$			
			Noncash			
			(Complete Part II for noncash contributions )			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
			Person $\Gamma$			
		s	Payroll			
		<del>*</del>	Noncash			
			(Complete Part II for noncash contributions )			

**Employer identification number** Name of organization WL AMOS SR FOUNDATION INC C/O WILLIAM LAMOS JR MD 58-2399470 Noncash Property Part II (see instructions) Use duplicate copies of Part II if additional space is needed (c) (a) (b) (d) FMV (or estimate) Description of noncash property given No.from Part I Date received (see instructions) \$ 341.144 2015-10-08 5610 COMMON SHARES AFLAC SECURITIES (c) (d) (a) (b) FMV (or estimate) No.from Part I Description of noncash property given Date received (see instructions) (c) (d) (a) (b) FMV (or estimate) No.from Part I Description of noncash property given Date received (see instructions) (c) (a) (d) FMV (or estimate) No.from Part I Description of noncash property given Date received (see instructions) (c) (d) (a) (b) FMV (or estimate) Description of noncash property given No.from Part I Date received (see instructions) (c) (d) (a) (b) FMV (or estimate) No.from Part I Description of noncash property given Date received (see instructions)

Schedule B (Form 990, 990-E∠, or 990-PF) (2015)
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Page 4

Name	e of	orga	niza	ation			
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2/0	WIL	LIAM	1 L	AMO	SJF	RME	)

Employer identification number

total more line entry of \$1,000	ly religious, charitable, etc., contribe than \$1,000 for the year from any For organizations completing Part	utions to organizations described ir one contributor. Complete columns ill, enter the total of exclusively reliq rmation once. See instructions.)	(a) through (e) and the following gious, charitable, etc., contributions
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, ar	(e) Transfer of gift and ZIP4 Relat	ionship 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, address, ar	(e) Transfer of gift and ZIP4 Relat	ionship of transferor to transferee
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, ar	nd ZIP4 Relat	ionship 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, address, ar	(e) Transfer of gift and ZIP4 Relat	ionship of transferor to transferee
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