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Form **990-PF** 

Department of the Treasury

## **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.

OMB No 1545-0052 2015

Int	ernal F	Revenue Service Information about Form	990-P	F and its separate	e instructions	is at www.i	rs.go	v/form990pf Up	n to Public Inspection
		endar year 2015 or tax year beginning				, and endin	ıg		, 20
N	lame c	of foundation H. B. WETHERBEE TR	U/W	FOR BOYS &	GIRLS C	LUB	- 1	A Employer identific	ation number
_ (	OF A	ALBANY 4655000098						58-6	5204705
	lumbe	r and street (or P O box number if mail is not delivered	to stree	t address)		Room/suite		B Telephone number	(see instructions)
1	REG:	IONS BANK TRUST DEPT PO BOX	2886	1				25:	1-690-1024
C	ity or	town, state or province, country, and ZIP or foreign pos	tal code					, 6	
							1	C If exemption application pending, check here.	on is
]	MOB:	ILE, AL 36652-2886						parang, eneck nere :	
G	Che	ck all that apply   Initial return		Initial return	of a former p	ublic chari	ty	D 1 Foreign organization	ons, check here
		Final return	Γ	Amended ret	turn			2 Foreign organization	ons meeting the
		Address change	Γ	Name change	е			85% test, check he computation	
Н	Che	ck type of organization X Section 501	c)(3)	exempt private f	oundation			E 16	
Γ	s	ection 4947(a)(1) nonexempt charitable trust		Other taxable pr	ivate foundat	tion		E If private foundation s under section 507(b)!	
ī	Fair	market value of all assets at J Acco	unting	method X C	ash Acc	rual		F If the foundation is in	
	end	of year (from Part II, col (c), line O	ther (s	pecify)				under section 507(b)	
	16)	▶ \$ 1,980,235. (Part I.	olumn	(d) must be on ca	sh basis )		_		
P	art I	Analysis of Revenue and Expenses (The	(a)	Revenue and					(d) Disbursements
		total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in		expenses per	(b) Net inve		(c	Adjusted net income	for charitable purposes
		column (a) (see instructions) )		books					(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule) .							
	2	Check X if the foundation is not required to attach Sch B							
	3	Interest on savings and temporary cash investments-		11.		11.			STMT 1
	4	Dividends and interest from securities		60,112.		6,145.			STMT 2
	5a	Gross rents							
	b	Net rental income or (loss)							
e	6a	Net gain or (loss) from sale of assets not on line 10		123,509.					
Revenue	ь	Gross sales price for all 803, 153							
Š	7	Capital gain net income (from Part IV, line 2) .			12	23,509.			
Œ	8	Net short-term capital gain							
	9	Income modifications							
	10a	Gross sales less returns and allowances RECEIVED	igspace						
		Less Cost of goods sold	0						
		Gross profit of (Gss) (attach schedule)	(O)						····
	11	Other income (attech schiedliel 1.2016.	0	102 (22	1	70 ((5			
	12	Total. Add lines it through 11	<b>E</b> I	183,632		79,665.	-		2 426
s	13	Compensation of officers, directors, trustees, etc.	$\vdash \vdash$	17,180		NONE		NONE	3,436
ense	14	Other employee salaries and wages	<b>-</b>			NONE	-	NONE NONE	
Der	15	Pension plans, employee benefits		<del></del>		INOINE		INOTAE	
X	16a	Legal fees (attach schedule)	-	1,000	-	NONE		NONE	1,000
Š	ь	Other professional fees (attach schedule)		1,000	<del>'</del>	TAOTAE		INOTAE	1,000
aţi	17	Interest	<b>—</b>		<del> </del>				· · · · · · · · · · · · · · · · · · ·
str	10	Taxes (attach schedule) (see instructions). 4.	<b>_</b>	3,024	<del> </del>	413.			
Ξ.	10	Depreciation (attach schedule) and depletion.	<b></b>	5,024	<u> </u>				
튱	16a b c 17 18 19 20 21	Occupancy							
¥	21	Travel, conferences, and meetings			<del></del>	NONE		NONE	
Ĭ	22	Printing and publications			T :	NONE		NONE	
<u>5</u>	23	Other expenses (attach schedule)							
÷	23 24 25	Total operating and administrative expenses.							<del></del>
era	-'	Add lines 13 through 23		21,204	. :	L4,157.		NONE	4,436
Ö	25	Contributions, gifts, grants paid		98,506					98,506
	26	Total expenses and disbursements Add lines 24 and 25		119,710		14,157.		NONE	102,942
	27	Subtract line 26 from line 12							
	а	Excess of revenue over expenses and disbursements	L	63,922					
	ь	Net investment income (if negative, enter -0-)			16	55,508.			
	C	Adjusted net income (if negative, enter -0-)			1				

Form **990-PF** (2015)

58-6204705 Page 2

Part II		Attached schedules and amounts in the	Beginning of year	Eı	nd of year
	art II	Balance Sheets 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			
	2	Savings and temporary cash investments	66,630.	80,15	80,158
	ŀ	Accounts receivable			
	I	Less allowance for doubtful accounts	and the second s		
		Pledges receivable		Pro Assistantia	
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			-
	6	Receivables due from officers, directors, trustees, and other			
	l _	disqualified persons (attach schedule) (see instructions)			
		Other notes and loans receivable (attach schedule)  Less allowance for doubtful accounts  NONE		1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	
<i>'</i> ^					
ssets	8	Inventories for sale or use			
Ass	9	Prepaid expenses and deferred charges	206,344.	142,36	145,961
_	1	Investments - U S and state government obligations (attac <b>STMT</b> ul <b>5</b> . Investments - corporate stock (attach schedule) . <b>STMT</b> .6.	920,253.		
		Investments - corporate stock (attach schedule) , \$7\$4 .0	469,336.		
	11	Investments - land, buildings,			122,330
		and equipment basis Less accumulated depreciation		Daniel Brillian auch State (Children auch C	
	12	(attach schedule) Investments - mortgage loans			
		Investments - other (attach schedule)			
	14	Land, buildings, and			
		Less accumulated depreciation (attach schedule)			
	15	Other assets (describe >)			
	16	Total assets (to be completed by all filers - see the			
_		instructions Also, see page 1, item ()	1,662,563.	1,721,25	58. 1,980,235
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ë.	19	Deferred revenue			
Ē	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe )			
	23	Total liabilities (add lines 17 through 22)		NO	NE CONTRACTOR OF THE PROPERTY
_		Foundations that follow SFAS 117, check here . ▶			
es	ļ	and complete lines 24 through 26 and lines 30 and 31.			
alances	24	Unrestricted			
<u>8</u>	25	Temporarily restricted			
80	26	Permanently restricted			
or Fund		Foundations that do not follow SFAS 117, $\blacktriangleright X$			
<u> </u>	:	check here and complete lines 27 through 31.			
		Capital stock, trust principal, or current funds	1,662,563.	1,721,25	8.
Net Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
As	29	Retained earnings, accumulated income, endowment, or other funds $\ \ . \ \ \ .$			
e	30	Total net assets or fund balances (see instructions)	1,662,563.	1,721,25	8.
Z	31	Total liabilities and net assets/fund balances (see	1 ((2 5(2	1 701 0	
	art II	Analysis of Changes in Not Assets or Fund Poli	1,662,563.	1,721,25	S. Marie W. S. C.
_		Analysis of Changes in Net Assets or Fund Balant assets or fund balances at beginning of year - Part		must agree with	
•		of-year figure reported on prior year's return)		-	1 1,662,563.
2		er amount from Part I, line 27a			2 63,922.
3		er increases not included in line 2 (itemize) ACCRETION	$\frac{2}{3}$ $\frac{05,322}{229}$ .		
4		lines 1, 2, and 3			4 1,726,714.
5			TEMENT 11		5 5,456.
_6		al net assets or fund balances at end of year (line 4 minus			6 1,721,258.
				<del></del>	Form 990-PF (2015)

Form 990-PF (2015)					Page 3
	and Losses for Tax on Invedescribe the kind(s) of property sold (		(b) How	(c) Date	(d) Date sold
* *	ck warehouse, or common stock, 200		P - Purchase D - Donation	(mo , day, yr )	(mo , day, yr )
1a PUBLICLY TRADED	SECURITIES				
_ <b>b</b>					
<u>C</u>					
d e			<del> </del>		
	(f) Depreciation allowed	(g) Cost or other basis		(h) Gain or (le	oss)
(e) Gross sales price	(or allowable)	plus expense of sale		(e) plus (f) min	
<b>a</b> 803,153.		679,644.			123,509.
<u>b</u>			<u> </u>		
<u>C</u>			<u> </u>		
d e	·		<del> </del>		
	howing gain in column (h) and owned	by the foundation on 12/31/69		Gains (Col. (h) g	ain minus
(i) F.M.V as of 12/31/69	(j) Adjusted basis	(k) Excess of col (i)		(k), but not less	than -0-) <b>or</b>
(I) F.IVI.V as 01 12/31/05	as of 12/31/69	over col (j), if any		Losses (from co	ol (h)) 
a					123,509.
<u>b</u>	·····		<b>_</b>		
<u>C</u>			ļ		<del></del>
d e			<del>                                     </del>		
	( If	gain, also enter in Part I, line 7		<del></del>	<del></del>
2 Capital gain net income of		(loss), enter -0- in Part I, line 7	2		123,509.
-	in or (loss) as defined in sections 1				
<del>-</del>	ert I, line 8, column (c) (see ins	•			
		uced Tax on Net Investment I	3		
	the section 4942 tax on the distribution that qualify under section 4940(e).	outable amount of any year in the b Do not complete this part.	oase perio	d,	Yes X No
1 Enter the appropriate am	ount in each column for each year	r, see the instructions before makin	g any ent	ries.	
(a) Base period years	(b)	(c)	1	( <b>d</b> ) Distribution r	atio
Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets		(col (b) divided by	/ col (c))
2014	98,404.	2,023,245.	<del> </del>		0.048637
2013	93,246. 87,925.	1,925,493. 1,800,563.	-	<del></del>	0.048427
2012	82,806.		-		0.047202
2010	75,899.		1	<del></del>	0.047140
			2		0.240238
		e the total on line 2 by 5, or by the			0 040040
number of years the foun	idation has been in existence if les	s than 5 years	3		0.048048
4. Enter the net value of no	nehavitable use senete for 2015 fr	om Dort V. Ivan F	4	2	,007,260.
4 Enter the net value of no	inchantable-use assets for 2015 in	om Part X, line 5	<del>-</del>		,001,200.
5 Multiply line 4 by line 3			5		96,445.
- manupi, mo i s, mis o i					
6 Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		1,655.
			_		00 7 7 7
7 Add lines 5 and 6			7		98,100.
9 Enter quelléune desembles	iono from Part VIII limo 4		8		102,942.
8 Enter qualifying distributi If line 8 is equal to or g	reater than line 7, check the box	in Part VI, line 1b, and complete	that part	using a 1% ta	
Part VI instructions.			pait		
JSA 5E1430 1 000				Forr	n <b>990-PF</b> (2015)
IT1996 9155 07/	12/2016 10:52:04	4655000098			6 -

Pari	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i	nstru		:)
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1	13010		<u>''</u>
_	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		1,6	55
	here ► X and enter 1% of Part I, line 27b			
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			
	Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2		1,6	55.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			ONE
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		1,6	
6	Credits/Payments			
а	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 2,656.			
b	Exempt foreign organizations - tax withheld at source 6b NONE			
	Tax paid with application for extension of time to file (Form 8868) 6c 654.			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments. Add lines 6a through 6d		3,3	10.
8	Enter any penalty for underpayment of estimated tax Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment, If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		1,6	55.
11	Enter the amount of line 10 to be Credited to 2016 estimated tax ▶ 1,655. Refunded ▶ 11			
Part	VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		}
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			
	Instructions for the definition)?	1b		}
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities		1	
С	Did the foundation file Form 1120-POL for this year?	1c		}
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ► \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			
	foundation managers. > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		}
	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	. 1		
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	_ 3		}
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		}
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		}
	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	. 1		
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that	ı		
	conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	_7	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	ı İ		
	GA	ı		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	ı l		
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	Х	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	į T		
	4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"	,		
	complete Part XIV	9		}
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		}
			A DE	

Par	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	ie	Yes	No
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)			L X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualifie			
	person had advisory privileges? If "Yes," attach statement (see instructions)	, 12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application		Х	
	Website address ► NA			
14	The books are in care of ▶ SEE STATEMENT 12 Telephone no. ▶			
	Located at ▶ZIP+4 ▶			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		▶	
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other autho	rity	Yes	No
	over a bank, securities, or other financial account in a foreign country?	. 16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name	of St	100	
	the foreign country		în a	1
Par	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)		<b>发</b> 和1	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			1.2
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?		<b>T</b>	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes		1	4
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			10.04
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	345	1 2	
	the benefit or use of a disqualified person)?	6	63 74	3
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	2		
	foundation agreed to make a grant to or to employ the official for a period after		18 75	24.
	termination of government service, if terminating within 90 days)	185 1535	版製	
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulation	ţ		MEDI
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		المخاصين ا	X
_	Organizations relying on a current notice regarding disaster assistance check here		146	1.7
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, the		֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	
2	were not corrected before the first day of the tax year beginning in 2015?	tion has been been	une te	X
~	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a prival operating foundation defined in section 4942(j)(3) or 4942(j)(5))	e		<b>V</b>
9	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and		775	
_	6e, Part XIII) for tax year(s) beginning before 2015?			
	If "Yes," list the years			
ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		12.	
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	all years listed, answer "No" and attach statement - see instructions.)	2b	STE PORC	X
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	<b>STA</b>		
	<b>&gt;</b>		4 1-71	(1)
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			37
	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	18 76 76 75		
	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			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the		1	
	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 purpose:	? 4a		Х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize i		3	
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015			Х

orm 9	90-PF (2015)		58-62	04705		Page <b>6</b>
Part	VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Req	uired (continued)		
5a	During the year did the foundation pay or incur any amount	unt to				
	(1) Carry on propaganda, or otherwise attempt to influer	•			,	
	(2) Influence the outcome of any specific public ele					
	directly or indirectly, any voter registration drive?				<b>,</b>	
	(3) Provide a grant to an individual for travel, study, or of				<b>)</b>	
	(4) Provide a grant to an organization other than a					
	section 4945(d)(4)(A)? (see instructions)				•	
	(5) Provide for any purpose other than religious, ch					
	purposes, or for the prevention of cruelty to children			· —	1 1	İ
ь	If any answer is "Yes" to 5a(1)-(5), did any of the Regulations section 53.4945 or in a current notice regar					
_	Organizations relying on a current notice regarding disas					
U	If the answer is "Yes" to question 5a(4), does the					
	because it maintained expenditure responsibility for the quiff "Yes," attach the statement required by Regulations sec	-	• • • • • • • • • • • • • • • • • • • •	Yes INC	•	
6a	Did the foundation, during the year, receive any fun		anthe to make meanwha			
UG.	on a personal benefit contract?					
ь	Did the foundation, during the year, pay premiums, direct				, 6ь	X
_	If "Yes" to 6b, file Form 8870	ay or maneouty, on a p	scrsonal benefit contre	100	.   00	^-
7a	At any time during the tax year, was the foundation a pai	rty to a prohibited tax	shelter transaction?	Yes X No	,	
ь	If "Yes," did the foundation receive any proceeds or have				- 1 1	
Part	VIII Information About Officers, Director	rs, Trustees, Fou	ndation Manager	s, Highly Paid Em	ployees,	
1	and Contractors  List all officers, directors, trustees, foundation ma					
			ampanestian lead	inctructions)		
		(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Eypense	account
	(a) Name and address				(e) Expense other allo	account, wances
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Expense other allo	account, wances
0 B	(a) Name and address  NS BANK  OX 8, ALBANY, GA 31703	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Expense other allo	e account, wances
O B	(a) Name and address  NS BANK  OX 8, ALBANY, GA 31703  EL J WETHERBEE	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allo	wances
O B IICHA O. B	(a) Name and address  NS BANK  OX 8, ALBANY, GA 31703  EL J WETHERBEE  OX 70337, ALBANY, GA 31707	(b) Title, and average hours per week devoted to position CO TRUSTEE 2 CO TRUSTEE 1	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allo	wances
O B IICHA O B UFF	(a) Name and address  NS BANK  OX 8, ALBANY, GA 31703  EL J WETHERBEE  OX 70337, ALBANY, GA 31707  CROXTON	(b) Title, and average hours per week devoted to position  CO TRUSTEE  2  CO TRUSTEE  1  CO TRUSTEE	(c) Compensation (lf not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allo	- 0 -
O B IICHA O B UFF	(a) Name and address  NS BANK  OX 8, ALBANY, GA 31703  EL J WETHERBEE  OX 70337, ALBANY, GA 31707	(b) Title, and average hours per week devoted to position CO TRUSTEE 2 CO TRUSTEE 1	(c) Compensation (lf not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allo	- 0 -
O B IICHA O B UFF	(a) Name and address  NS BANK  OX 8, ALBANY, GA 31703  EL J WETHERBEE  OX 70337, ALBANY, GA 31707  CROXTON	(b) Title, and average hours per week devoted to position  CO TRUSTEE  2  CO TRUSTEE  1  CO TRUSTEE	(c) Compensation (lf not paid, enter -0-) 17,180	(d) Contributions to employee benefit plans and deferred compensation  - 0 -	(e) Expense other allo	-0-
O B IICHA O B UFF	(a) Name and address  NS BANK  OX 8, ALBANY, GA 31703  EL J WETHERBEE  OX 70337, ALBANY, GA 31707  CROXTON  RRY AND WALTERS PO BOX 71209, ALBANY, GA 31708-	(b) Title, and average hours per week devoted to position  CO TRUSTEE  2  CO TRUSTEE  1  CO TRUSTEE  1	(c) Compensation (lf not paid, enter -0-) 17,180 -0-	(d) Contributions to employee benefit plans and deferred compensation  - 0 -  - 0 -	other allo	-0- -0-
O B IICHA O B IUFF O PE	(a) Name and address  NS BANK  OX 8, ALBANY, GA 31703  EL J WETHERBEE  OX 70337, ALBANY, GA 31707  CROXTON	(b) Title, and average hours per week devoted to position  CO TRUSTEE  2  CO TRUSTEE  1  CO TRUSTEE  1	(c) Compensation (lf not paid, enter -0-) 17,180 -0-	(d) Contributions to employee benefit plans and deferred compensation  - 0 -  - 0 -	other allo	-0- -0-
O B IICHA O B IUFF O PE	(a) Name and address  NS BANK  OX 8, ALBANY, GA 31703  EL J WETHERBEE  OX 70337, ALBANY, GA 31707  CROXTON  RRY AND WALTERS PO BOX 71209, ALBANY, GA 31708-  Compensation of five highest-paid employees  "NONE."	(b) Title, and average hours per week devoted to position  CO TRUSTEE  2  CO TRUSTEE  1  CO TRUSTEE  1  (other than thos	(c) Compensation (lf not paid, enter -0-)  17,180  -0-  e included on line	(d) Contributions to employee benefit plans and deferred compensation  -0-  -0-  1 - see instruction	other allo	-0- -0- -0- ne, enter
O B IICHA O B IUFF O PE	(a) Name and address  NS BANK  OX 8, ALBANY, GA 31703  EL J WETHERBEE  OX 70337, ALBANY, GA 31707  CROXTON  RRY AND WALTERS PO BOX 71209, ALBANY, GA 31708-  Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position  CO TRUSTEE  2  CO TRUSTEE  1  CO TRUSTEE  1  (other than thos	(c) Compensation (lf not paid, enter -0-) 17,180 -0-	(d) Contributions to employee benefit plans and deferred compensation  -0-  -0-  (d) Contributions to employee benefit plans and deferred	other allo	-00- ne, enter
O B IICHA O B IUFF O PE	(a) Name and address  NS BANK  OX 8, ALBANY, GA 31703  EL J WETHERBEE  OX 70337, ALBANY, GA 31707  CROXTON  RRY AND WALTERS PO BOX 71209, ALBANY, GA 31708-  Compensation of five highest-paid employees  "NONE."	(b) Title, and average hours per week devoted to position  CO TRUSTEE  2  CO TRUSTEE  1  CO TRUSTEE  1  (other than thos	(c) Compensation (lf not paid, enter -0-)  17,180  -0-  e included on line	(d) Contributions to employee benefit plans and deferred compensation  -0-  -0-  1 - see instruction (d) Contributions to employee benefit	other allo	-00- ne, enter
O B IICHA O B IUFF O PE	(a) Name and address  NS BANK  OX 8, ALBANY, GA 31703  EL J WETHERBEE  OX 70337, ALBANY, GA 31707  CROXTON  RRY AND WALTERS PO BOX 71209, ALBANY, GA 31708-  Compensation of five highest-paid employees  "NONE."	(b) Title, and average hours per week devoted to position  CO TRUSTEE  2  CO TRUSTEE  1  CO TRUSTEE  1  (other than thos	(c) Compensation (lf not paid, enter -0-)  17,180  -0-  e included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation  -0-  -0-  (d) Contributions to employee benefit plans and deferred compensation	other allo	-00- ne, enter
O B IICHA O B IUFF O PE	(a) Name and address  NS BANK  OX 8, ALBANY, GA 31703  EL J WETHERBEE  OX 70337, ALBANY, GA 31707  CROXTON  RRY AND WALTERS PO BOX 71209, ALBANY, GA 31708-  Compensation of five highest-paid employees  "NONE."	(b) Title, and average hours per week devoted to position  CO TRUSTEE  2  CO TRUSTEE  1  CO TRUSTEE  1  (other than thos	(c) Compensation (lf not paid, enter -0-)  17,180  -0-  e included on line	(d) Contributions to employee benefit plans and deferred compensation  -0-  -0-  (d) Contributions to employee benefit plans and deferred	other allo	-00- ne, enter
O B IICHA O B IUFF O PE	(a) Name and address  NS BANK  OX 8, ALBANY, GA 31703  EL J WETHERBEE  OX 70337, ALBANY, GA 31707  CROXTON  RRY AND WALTERS PO BOX 71209, ALBANY, GA 31708-  Compensation of five highest-paid employees  "NONE."	(b) Title, and average hours per week devoted to position  CO TRUSTEE  2  CO TRUSTEE  1  CO TRUSTEE  1  (other than thos	(c) Compensation (lf not paid, enter -0-)  17,180  -0-  e included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation  -0-  -0-  (d) Contributions to employee benefit plans and deferred compensation	other allo	-00- ne, enter
O B IICHA O B IUFF O PE	(a) Name and address  NS BANK  OX 8, ALBANY, GA 31703  EL J WETHERBEE  OX 70337, ALBANY, GA 31707  CROXTON  RRY AND WALTERS PO BOX 71209, ALBANY, GA 31708-  Compensation of five highest-paid employees  "NONE."	(b) Title, and average hours per week devoted to position  CO TRUSTEE  2  CO TRUSTEE  1  CO TRUSTEE  1  (other than thos	(c) Compensation (lf not paid, enter -0-)  17,180  -0-  e included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation  -0-  -0-  (d) Contributions to employee benefit plans and deferred compensation	other allo	-00- ne, enter
O B IICHA O B IUFF O PE	(a) Name and address  NS BANK  OX 8, ALBANY, GA 31703  EL J WETHERBEE  OX 70337, ALBANY, GA 31707  CROXTON  RRY AND WALTERS PO BOX 71209, ALBANY, GA 31708-  Compensation of five highest-paid employees  "NONE."	(b) Title, and average hours per week devoted to position  CO TRUSTEE  2  CO TRUSTEE  1  CO TRUSTEE  1  (other than thos	(c) Compensation (lf not paid, enter -0-)  17,180  -0-  e included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation  -0-  -0-  (d) Contributions to employee benefit plans and deferred compensation	other allo	-00- ne, enter
O B IICHA O B IUFF O PE	(a) Name and address  NS BANK  OX 8, ALBANY, GA 31703  EL J WETHERBEE  OX 70337, ALBANY, GA 31707  CROXTON  RRY AND WALTERS PO BOX 71209, ALBANY, GA 31708-  Compensation of five highest-paid employees  "NONE."	(b) Title, and average hours per week devoted to position  CO TRUSTEE  2  CO TRUSTEE  1  CO TRUSTEE  1  (other than thos	(c) Compensation (lf not paid, enter -0-)  17,180  -0-  e included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation  -0-  -0-  (d) Contributions to employee benefit plans and deferred compensation	other allo	-00- ne, enter
O B IICHA O B IUFF O PE	(a) Name and address  NS BANK  OX 8, ALBANY, GA 31703  EL J WETHERBEE  OX 70337, ALBANY, GA 31707  CROXTON  RRY AND WALTERS PO BOX 71209, ALBANY, GA 31708-  Compensation of five highest-paid employees  "NONE."	(b) Title, and average hours per week devoted to position  CO TRUSTEE  2  CO TRUSTEE  1  CO TRUSTEE  1  (other than thos	(c) Compensation (lf not paid, enter -0-)  17,180  -0-  e included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation  -0-  -0-  (d) Contributions to employee benefit plans and deferred compensation	other allo	-00- ne, enter

Form 990-PF (2015)	Page <b>7</b>
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employe and Contractors (continued)	es,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."	•
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
	NONE
Total number of others receiving over \$50,000 for professional services	NONE
	HONE
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 NONE	
	<del></del>
2	
3	
	<del>-</del>
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	
2	
All other program-related investments. See instructions	
3 NONE	
Total. Add lines 1 through 3	

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions.)	gn foundat	ions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
	Average monthly fair market value of securities	1a	2,037,827.
b	Average of monthly cash balances	1b	NONE NONE
C	Fair market value of all other assets (see instructions)	1c	NONE
d	Total (add lines 1a, b, and c)	1d	2,037,827.
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	NONE
3	Subtract line 2 from line 1d	3	2,037,827.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see	1	-
	instructions)	4	30,567.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,007,260.
_6_	Minimum investment return. Enter 5% of line 5	6	100,363.
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating found and certain foreign organizations check here ▶ ☐ and do not complete this part )		
1	Minimum investment return from Part X, line 6 · · · · · · · · · · · · · · · · · ·	1	100,363.
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.) 2b	1	
c	Add lines 2a and 2b	2c	1,655.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	98,708.
4	Recoveries of amounts treated as qualifying distributions		NONE
5	Add lines 3 and 4	5	98,708.
6	Deduction from distributable amount (see instructions).	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	<del>                                     </del>	110112
	line 1	7	98,708.
Part	XII Qualifying Distributions (see instructions)	1 / 1	20,700.
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	102,942.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	102,942.
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	1,655.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	101,287.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when ca		
	qualifies for the section 4940(e) reduction of tax in those years.		

Form **990-PF** (2015)

Par	t XIII Undistributed Income (see instr	uctions)			-
1	Distributable amount for 2015 from Part XI.	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
_	line 7				98,708.
2	Undistributed income, if any, as of the end of 2015				30, 100.
	Enter amount for 2014 only			9,721.	
	Total for prior years 20 13 ,20 ,20		NONE	<u> </u>	
	Excess distributions carryover, if any, to 2015		NONE		
	From 2010 NONE				
	From 2011 NONE				
	NOND				
	MONT				
	MONT				
		NONE			
	Total of lines 3a through e	NONS			
	Qualifying distributions for 2015 from Part XII, line 4 ▶ \$ 102,942				
а	Applied to 2014, but not more than line 2a			9,721.	
b	Applied to undistributed income of prior years (Election required - see instructions)		NONE		
С	Treated as distributions out of corpus (Election				
	required - see instructions)	NONB			
d	Applied to 2015 distributable amount				93,221.
e	Remaining amount distributed out of corpus	NONB			
5	Excess distributions carryover applied to 2015.	NONB			NONE
	(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	NONB			
b	Prior years' undistributed income Subtract				
	line 4b from line 2b		NONE		
С	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		NONE		
đ	Subtract line 6c from line 6b. Taxable				
	amount - see instructions		NONE		
е	Undistributed income for 2014. Subtract line 4a from line 2a Taxable amount - see				
	instructions				
f	Undistributed income for 2015 Subtract lines				
	4d and 5 from line 1 This amount must be				
	distributed in 2016				<u>5,487.</u>
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)	NONE			
8	Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)	NONE			
9	Excess distributions carryover to 2016.				
	Subtract lines 7 and 8 from line 6a	NONE			
10	Analysis of line 9				
а	Excess from 2011 NONE				
b	Excess from 2012 NONE				
C	Excess from 2013 NONE				
d	Excess from 2014 NONE				
е	Excess from 2015 NONE				

Par	t XIV Private Ope	erating Foundations	(see instructions a	nd Part VII-A, questi	on 9)	NOT APPLICABL
	If the foundation has					
	foundation, and the ruling	<del>-</del>		·	- (	
h	Check box to indicate v		· ·		<u> </u>	2(j)(3) or 4942(j)(5)
_	Oncon Box to maiouto t	Tax year	to a private operating	Prior 3 years	T Section   Total	19/10/ 01   434219/(0/
2 a	Enter the lesser of the ad-	· · · · · · · · · · · · · · · · · · ·	(1) 0044	T	4,00040	(e) Total
	justed net income from Part I or the minimum investment	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
	return from Part X for each					
	year listed				<del> </del>	
b	85% of line 2a					
C	Qualifying distributions from Part		•			
	XII, line 4 for each year listed .					
d	Amounts included in line 2c not					
	used directly for active conduct of exempt activities					
е	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					
	(2) Value of assets qualifying under section					
	4942(j)(3)(B)(i)					
b	"Endowment" alternative test- enter 2/3 of minimum invest-					
	ment 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)(8)(iii)					
	port from an exempt					
	organization					
Da	(4) Gross investment income .  rt XV Supplement	ntowy Information //	l Commista this most	anheif the founds	tion had \$5 000	or more in assets at
Га		uring the year - see		only if the lounds	111011 1180 \$5,000	or more in assets at
1		Foundation Manage	<del></del>			<del> </del>
-	· · · · · · · · · · · · · · · · · · ·			o than 20/ of the tot		
а	before the close of any	y tax year (but only if th	nave contributed moi	more than \$5,000). (S	See section 507(d)(2)	eived by the foundation
		, tax your (but only it to	io, navo sommutatoa i		700 00000000000000000000000000000000000	•1
	N/A					<del></del>
b	_				•	ally large portion of the
	ownership of a partner	rship or other entity) o	i writch the foundation	i nas a 10% or greate	r interest.	
	N/A					····
2	Information Regarding	g Contribution, Grant,	Gift, Loan, Scholarsh	ip, etc., Programs:		
	Check here ► X If	the foundation only	makes contributions	to preselected char	ritable organizations	and does not accept
	unsolicited requests f	for funds. If the found	atıon makes gifts, gr	ants, etc. (see instruc	ctions) to individuals	or organizations under
	other conditions, comp	plete items 2a, b, c, an	d d.			
а	The name, address, ar	nd telephone number o	or e-mail address of th	e person to whom ap	plications should be	addressed.
b	The form in which app	olications should be su	bmitted and informati	on and materials they	should include	<del></del>
					<del></del>	
	Any submission deadl	ines				
-	,					
d	Any restrictions or I	imitations on awards	such as by geogr	anhical areas charit	able fields kinds o	of institutions, or other
	factors.		, sault as by geogr	apinious areas, chaffi	neiua, Killus (	a maniunona, or other

Form 990-PF (2015)  Part XV Supplementary Information	(continued)			Page 1
3 Grants and Contributions Paid Du	ring the Year or App	roved for I	Future Payment	
3 Grants and Contributions Paid Dur Recipient Name and address (home or business)	If recipient is an individual,	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	100,000		
BOYS AND GIRLS CLUBS OF ALBANY			TO SUPPORT THE BOYS AND	
P O BOX 1130 ALBANY GA 31702	NONE	PC	GIRLS CLUB OF ALBANY	98,506.
	110112	1.0	GINED CHOP OF ADDAM	50,500.
		1		
		1		
		1		
			1	
		1		
Total			▶ 3a	98,506.
b Approved for future payment				
			}	
Total			▶ 3b	
				Form <b>990-PF</b> (201

Form 990-PF (2015)  Part XVI-A Analysis of Income-Produ	icina Acti	vitios			Page 12
Enter gross amounts unless otherwise indicated.		ited business income	Excluded by	section 512, 513, or 514	(e)
Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
8					
b					
c					
d					
e					
g Fees and contracts from government agencies					
2 Membership dues and assessments					· · · · · · · · · · · · · · · · · ·
3 Interest on savings and temporary cash investments			14	11.	
4 Dividends and interest from securities			14	60,112.	
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-					<del></del>
7 Other investment income			10	102 500	
8 Gain or (loss) from sales of assets other than inventory			18	123,509.	
9 Net income or (loss) from special events · · ·	<u> </u>				
Of Gross profit or (loss) from sales of inventory					······
1 Other revenue a					
b					
cd					
e					
12 Subtotal, Add columns (b), (d), and (e)			<u> </u>	183,632.	-
13 Total. Add line 12, columns (b), (d), and (e)					183,632.
See worksheet in line 13 instructions to verify calcular XVI-B Relationship of Activities		ccomplishment of	Exempt Pur	poses	
Explain below how each activit accomplishment of the foundation					- ·
•		-			
			<del></del>	<u></u>	
	<u>.                                    </u>				
	<del></del>		····		
					<del></del>
	***				
			<del></del>		<u> </u>
	<del> </del>				
		NOT APPLICAE	RI.E		
			<del>1 - 1 - 1</del>		<del></del>
	<del></del>	· · · · · · · · · · · · · · · · · · ·			·····
1		<del> </del>			

orm 990-PF		D		T &	. T	T		204705	. 14 <i>0</i> -1. N1			ge 13
Part XV	Exempt O	rganiz	arding i ations	ransters	s io and	i iransactio	ons and Rel	ationsnips	s with in	onchai	itabi	9
1 Did	the organization d	lirectly o	r indirectl	ly engage	in any of	the following	with any other	er organizatio	on describe	d	Yes	No
	ection 501(c) of th	e Code	(other tha	in section	501(c)(3)	organizations	s) or in section	527, relatin	g to politic	al		
_	sfers from the rep	ortina fo	undation 1	to a nonch	naritable e	vemnt organi	zation of					
	Cash									19/1	,	X
	Other assets											X
	er transactions:										<del>'</del>	
(1) 5	Sales of assets to a	noncha	rıtable exe	empt orga	inization .					16(1	)	Х
(2) F	Ourchases of assets	s from a	noncharit	able exem	not organiz	ation				1b(2	á	X
(3) F	Rental of facilities,	equipme	ent, or oth	er assets						1b(3	)	X
	Reimbursement ari											Х
	oans or loan guar											Х
(6) f	Performance of ser	vices or	members	hip or fun	draising so	olicitations				. 1b(6	)	Х
											i i	
<b>c</b> Shai	ring of facilities, eq	uipment	, mailing l	lists, other	assets, or	paid employe	ees			. <u>. 1c</u>		
c Shai	ring of facilities, eq e answer to any	of the a	, mailing l bove is "	lists, other Yes," com	assets, or plete the	following sch	nedule. Colum	in ( <b>b</b> ) should	d always sh	ow the	fair r	narke
c Shai d If th valu	ring of facilities, eq e answer to any e of the goods, of	of the a	, mailing l bove is "' ets, or sei	lists, other Yes," com rvices give	r assets, or plete the en by the	following sch reporting fou	nedule. Colum Indation, If the	n ( <b>b)</b> should foundation	d always sh	ow the	fair r	narke narke
c Shar d If th valu valu	ring of facilities, eq e answer to any e of the goods, of e in any transaction	of the a ther ass	, mailing l bove is "' ets, or sei aring arra	lists, other Yes," com rvices given ingement,	assets, or aplete the en by the show in a	following sch reporting fou column (d) th	nedule. Colum indation, if the ie value of the	n (b) should foundation goods, other	d always sh received lo er assets, c	ow the ss than r service	fair r fair r es rec	narke narke eived
c Shai d If th valu	ring of facilities, eq e answer to any e of the goods, of	of the a ther ass	, mailing l bove is "' ets, or sei aring arra	lists, other Yes," com rvices given ingement,	r assets, or plete the en by the	following sch reporting fou column (d) th	nedule. Colum indation, if the ie value of the	n ( <b>b)</b> should foundation	d always sh received lo er assets, c	ow the ss than r service	fair r fair r es rec	narke narke eived
c Shar d If th valu valu	ring of facilities, eq e answer to any e of the goods, of e in any transaction	of the a ther ass	, mailing l bove is "' ets, or sei aring arra	lists, other Yes," com rvices given ingement,	assets, or aplete the en by the show in a	following sch reporting fou column (d) th	nedule. Colum indation, if the ie value of the	n (b) should foundation goods, other	d always sh received lo er assets, c	ow the ss than r service	fair r fair r es rec	narke narke eived
c Shar d If th valu valu	ring of facilities, eq e answer to any e of the goods, of e in any transaction	of the a ther ass	, mailing l bove is "' ets, or sei aring arra	lists, other Yes," com rvices given ingement,	assets, or aplete the en by the show in a	following sch reporting fou column (d) th	nedule. Colum indation, if the ie value of the	n (b) should foundation goods, other	d always sh received lo er assets, c	ow the ss than r service	fair r fair r es rec	narke narke eived
c Shar d If th valu valu	ring of facilities, eq e answer to any e of the goods, of e in any transaction	of the a ther ass	, mailing l bove is "' ets, or sei aring arra	lists, other Yes," com rvices given ingement,	assets, or aplete the en by the show in a	following sch reporting fou column (d) th	nedule. Colum indation, if the ie value of the	n (b) should foundation goods, other	d always sh received lo er assets, c	ow the ss than r service	fair r fair r es rec	narke narke eived
c Shar d If th valu valu	ring of facilities, eq e answer to any e of the goods, of e in any transaction	of the a ther ass	, mailing l bove is "' ets, or sei aring arra	lists, other Yes," com rvices given ingement,	assets, or aplete the en by the show in a	following sch reporting fou column (d) th	nedule. Colum indation, if the ie value of the	n (b) should foundation goods, other	d always sh received lo er assets, c	ow the ss than r service	fair r fair r es rec	narke narke eived
c Shar d If th valu valu	ring of facilities, eq e answer to any e of the goods, of e in any transaction	of the a ther ass	, mailing l bove is "' ets, or sei aring arra	lists, other Yes," com rvices given ingement,	assets, or aplete the en by the show in a	following sch reporting fou column (d) th	nedule. Colum indation, if the ie value of the	n (b) should foundation goods, other	d always sh received lo er assets, c	ow the ss than r service	fair r fair r es rec	narke narke eived
c Shar d If th valu valu	ring of facilities, eq e answer to any e of the goods, of e in any transaction	of the a ther ass	, mailing l bove is "' ets, or sei aring arra	lists, other Yes," com rvices given ingement,	assets, or aplete the en by the show in a	following sch reporting fou column (d) th	nedule. Colum indation, if the ie value of the	n (b) should foundation goods, other	d always sh received lo er assets, c	ow the ss than r service	fair r fair r es rec	narke narke eived
c Shar d If th valu valu	ring of facilities, eq e answer to any e of the goods, of e in any transaction	of the a ther ass	, mailing l bove is "' ets, or sei aring arra	lists, other Yes," com rvices given ingement,	assets, or aplete the en by the show in a	following sch reporting fou column (d) th	nedule. Colum indation, if the ie value of the	n (b) should foundation goods, other	d always sh received lo er assets, c	ow the ss than r service	fair r fair r es rec	narke narke eived
c Shar d If th valu valu	ring of facilities, eq e answer to any e of the goods, of e in any transaction	of the a ther ass	, mailing l bove is "' ets, or sei aring arra	lists, other Yes," com rvices given ingement,	assets, or aplete the en by the show in a	following sch reporting fou column (d) th	nedule. Colum indation, if the ie value of the	n (b) should foundation goods, other	d always sh received lo er assets, c	ow the ss than r service	fair r fair r es rec	narke narke eived
c Shar d If th valu valu	ring of facilities, eq e answer to any e of the goods, of e in any transaction	of the a ther ass	, mailing l bove is "' ets, or sei aring arra	lists, other Yes," com rvices given ingement,	assets, or aplete the en by the show in a	following sch reporting fou column (d) th	nedule. Colum indation, if the ie value of the	n (b) should foundation goods, other	d always sh received lo er assets, c	ow the ss than r service	fair r fair r es rec	narke narke eived
c Shar d If th valu valu	ring of facilities, eq e answer to any e of the goods, of e in any transaction	of the a ther ass	, mailing l bove is "' ets, or sei aring arra	lists, other Yes," com rvices given ingement,	assets, or aplete the en by the show in a	following sch reporting fou column (d) th	nedule. Colum indation, if the ie value of the	n (b) should foundation goods, other	d always sh received lo er assets, c	ow the ss than r service	fair r fair r es rec	narke narke eived
c Shar d If th valu valu	ring of facilities, eq e answer to any e of the goods, of e in any transaction	of the a ther ass	, mailing l bove is "' ets, or sei aring arra	lists, other Yes," com rvices given ingement,	assets, or aplete the en by the show in a	following sch reporting fou column (d) th	nedule. Colum indation, if the ie value of the	n (b) should foundation goods, other	d always sh received lo er assets, c	ow the ss than r service	fair r fair r es rec	narke narke eived
c Shar d If th valu valu	ring of facilities, eq e answer to any e of the goods, of e in any transaction	of the a ther ass	, mailing l bove is "' ets, or sei aring arra	lists, other Yes," com rvices given ingement,	assets, or aplete the en by the show in a	following sch reporting fou column (d) th	nedule. Colum indation, if the ie value of the	n (b) should foundation goods, other	d always sh received lo er assets, c	ow the ss than r service	fair r fair r es rec	narke narke eived
c Shar d If th valu valu	ring of facilities, eq e answer to any e of the goods, of e in any transaction	of the a ther ass	, mailing l bove is "' ets, or sei aring arra	lists, other Yes," com rvices given ingement,	assets, or aplete the en by the show in a	following sch reporting fou column (d) th	nedule. Colum indation, if the ie value of the	n (b) should foundation goods, other	d always sh received lo er assets, c	ow the ss than r service	fair r fair r es rec	narke narke eived
c Shar d If th valu valu	ring of facilities, eq e answer to any e of the goods, of e in any transaction	of the a ther ass	, mailing l bove is "' ets, or sei aring arra	lists, other Yes," com rvices given ingement,	assets, or aplete the en by the show in a	following sch reporting fou column (d) th	nedule. Colum indation, if the ie value of the	n (b) should foundation goods, other	d always sh received lo er assets, c	ow the ss than r service	fair r fair r es rec	narke eived

<b>2</b> a	described in section 501(c) of the Code (c	•	
b	If "Yes," complete the following schedule.		
	(a) Name of organization	(b) Type of organization	(c) Description of relationship

	Under penalties of perjury, I declare that I have ex- correct and complete Declaration of grebally (other tha	amined this return, including accompanying taxpayer) is based on all information of wh	g schedules and statements and to the ich preparer has any knowledge	best of my knowledge and belief, it is trui
Sign Here		Ra   07/12/2016	TRUST OFFICER	May the IRS discuss this return with the preparer shown below
	Signature of officer or trustee	Date	Title	(see instructions)? Yes No

		GIONO DANK, INCOIDE				
Paid		Print/Type preparer's name	Preparer's signature	Date	Check If PTIN self-employed	
Prepar		Firm's name			Firm's EIN	_
Use O	nly	Firm's address				
					Phone no	

Form **990-PF** (2015)

FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

	NET	INVESTMENT	INCOME	: : : : : : : : : : : : : : : : : : : :	11.		11.	
REVENUE			PER BOOKS		11.	1 1 1 1 1 1 1 1 1 1 1 1 1	11.	
							TOTAL	
			DESCRIPTION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	OTHER INTEREST			

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FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES 

	NET	INVESTMENT	INCOME	 	56,145.	1 1 1 1 1 1 1 1 1	56,145.	H H H H H H H H H H H H H H H H H H H
REVENUE	AND	EXPENSES	PER BOOKS	! ! ! ! !	60,112.		60,112.	
							TOTAL	
			DESCRIPTION		DIVIDENDS AND INTEREST			

FORM 990PF, PART I - ACCOUNTING FEES

DESCRIPTION	TAX PREPARATION FEE (NON-ALLOC
REVENUE AND EXPENSES PER BOOKS	1,000.  1,000. ==================================
NET INVESTMENT INCOME	NONE
ADJUSTED NET INCOME	NONE
CHARITABLE PURPOSES	1,000.

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STATEMENT

TAXES
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NET INVESTMENT INCOME	386.	413.
REVENUE AND EXPENSES PER BOOKS	368. 2,656.	3,024.
DESCRIPTION	FEDERAL TAX PAYMENT - PRIOR YE FEDERAL ESTIMATES - PRINCIPAL FOREIGN TAXES ON QUALIFIED FOR	TOTALS

STATEMENT

BEGINNING BOOK VALUE		12,583.	19,605.	64,704.	30,723.	21,422.	57,307.	TOTALS 206,344.	
DESCRIPTION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FNMA 5% 3/15/2016	US TREAS 6.25% 8/15/2023	US TREAS 1.375% 11/30/15	US TREAS 2.875% 5/15/43	US TREAS 1.75% 5/15/23	US TREAS N/B 2.375% 7/31/17		

STATEMENT

FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION	BEGINNING BOOK VALUE
AT&T INC AUTOMATIC DATA PROCESSING	14,790. 8,556.
BB&T	0 0
CHEVRON CORP COCO COLA CO	7,362,26
DOMINION RES	, 13
EXXON MOBILE GALLAGHER ARTHUR J & CO	9,380.
	, 55
ILLINOIS TOOL WORKS INC	3,83 183
INTEL CORP T P MOPGAN CHASE	
JOHNSON & JOHNSON	, ,
KIMBERLY CLARK	7
MCDONALDS CORP	8,58
MERCK & CO INC	1,67
MICROSOFT	, 42
OCCIDENTAL PETE CORP	0
PAYCHEX INC	, 7
PRUDENTIAL FINANCIAL INC	7
SPECTRA ENERGY	8,256.
JA CO BANCORP	, 87
RIZ	31
[T]	4,04
	12,836.
MOCOR CORP WASTE MANACEMENT	10,041.
THORNBURG INTL VALUE FD	

# FORM 990PF, PART II - CORPORATE STOCK

BEGINNING BOOK VALUE	)   	, 61	11,025.	14,497.	,24	, 04	, 04	9,73	, 31	4,14	$\sim$	21,090.	16,631.	72	19,873.	7,572.	15,603.	-	~	1,238.	472.	20,213.	413.	18,882.	20,274.	20,195.	20,155.	920,253.
																												TOTALS
DESCRIPTION		NEXTERA ENERGY CORP	BLACKROCK INC	PNC BANK CORP		HASBRO INC	INC	PINNACLE WEST CAP CORP		WELLS FARGO & CO	ALLIANT CORP	CME GROUP INC	CARDINAL HEALTH INC	E I			WILLIAMS COS INC		LYONDELLBASELL INDUSTRIES CL-A	CDK GLOBAL INC	CALIFORNIA RESOURCES CORP	FORD MOTOR COMPANY COM \$0.01	HALYARD HEALTH INC	KRAFT FOODS INC W/I	ELI LILLY & CO	PROCTOR & GAMBLE CO	REGAL ENTMT GROUP CL A	

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STATEMENT

## FORM 990PF, PART II - CORPORATE BONDS

DESCRIPTION	BEGINNING BOOK VALUE
, 5.5% 7/1/202	-
# 745879, 5.	3,683.
# 959596, 6% 11/1/203	4,
5.6% 5/15/201	-
7.9% 12/15/2	, 43
ERGY 2.15% 11/15/1	0
L LYNCH 6.11% 1	9
CORP 5.75% 4/15/201	4,
JK 3.5% 1/20/1	2
.375% 5/1/201	, 35
RP 5.75% 6/15/	,2
5.7% 7/1/201	2
ACHS 7.5% 2/15/	' 2
8.125% 2/15/201	, 20
6.3% 4/23/20	, 35
ANLEY 5.625% 9/	_
.75% 1/20/2	, 60
NC 6.2% 3/15/201	Н
ENERGY 7.75% 6/1	0
.9% 4/7/201	9
5.375%12/1/2019	, 33
HLDG 3.55% 3/15/	, 14
TT PACKARD 2.2% 12/1/1	
ODS 1.625% 6/4/1	90,
ICH 6.875% 4/25	$^{\circ}$
4.5% 11/15/20	, 11
5.5% 12/1/	593.
5.5% 6/1/3	
FNMA POOL 4% 3/1/26	4,318.

INING	VALUE
BEGIN	BOOK

, 19 , 68 , 43	, 324 , 439 048	, 964 , 481	,050 ,358 ,281	,452 ,756	,356	,609 ,813 ,091	,061 ,335 ,148	6,973. 7,063. 6,421.	, 112 593	, 128 318

BEGINNING BOOK VALUE	, 51	,32	4,49	, 91	4,796.	86	, 32	, 41	, 05	, 24	98′	, 11	, 05	, 27	, 02	$\vdash$	,26	, 55	, 07	, 55	, 78	, 57	, 59	66,	, 65	14,383.	4,97
DESCRIPTION	POOL 4.5% 6/	POOL 5.5% 4/1/3	POOL 6% 3/1/	POOL 5% 6/1/35	FINMA POOL 5.5% 2/1/35 FINMA DOOL 5.8 5/1/20	POOL 6% 12/1/3	POOL 5.5% 9/1	POOL 6% 5/1/38	POOL 5% 12/1/23	POOL 3.5% 9/1/2	5/15/	2.75	2.875% 2/15/1	3% 2/11/2	10/1/2	3.4%	ZON COMM 6%	4.5% 8/1	5% 12/1/3	4% 11/1/4	4% 6/1/3		A 4.5% 6/1	ILLITON	5.5	BUS MACHINES 1	ROYAL BK OF CAN 1.2%

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58-6204705

FORM 990PF, PART II - CORPORATE BONDS

DESCRIPTION		BEGINNING BOOK VALUE
		!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!
FNMA 5% 4/1/21		412.
2		4,957.
3.5% $11/1/$		4,886.
FNMA 3.5% 3/1/41		4,306.
บ		7,943.
P 1.25		, 05
MARATHON OIL .9%		0
5% 10/1/3		, 60
1/4		9
11/1/4		91
1 3.5% 1/1/2		2,749.
FNMA #AP7534 2.5% 9/1/27		57
2 2.5% 4/1/2		92
% %		53
#889117 5% 10/1/3		26
5/1		2,756.
$\Box$		97
JOHN DEERE CAP CORP 2.3%		99
FORD MOTOR CREDIT 1.724%		00
KRAFT FOOD INC 4.125% 2/9/16		14
MOLSON COORS 5% 5/1/42		7,081.
3.7% 1		7,019.
1/1		74
65		6,984.
	TOTALS	469,336.

FORM	990PF,	PART	III	-	OTHER	DECREASES	IN	NET	WORTH	OR	FUND	BALANCES
=====	======	=====	====	===			===:	====	======	====	=====	

DESCRIPTION

TIUOMA \_ \_ \_ \_ \_

ROUNDING ROC ADJUSTMENT AMORTIZATION

7. 841. 4,608.

TOTAL

5,456.

FORM 990PF, PART VII-A, LINE 14 - BOOKS ARE IN THE CARE OF

NAME: REGIONS BANK

TRUST DEPARTMENT

ADDRESS: 11 NORTH WATER ST, 25TH FLOOR

MOBILE, AL 36602

TELEPHONE NUMBER: (251)690-1024

### AVERAGE MONTHLY FMV - 990PF, PART X, LINES 1a-1c

	LINE la-FMV	LINE 1b-FMV	LINE 1c-FMV
MONTH	SECURITIES	CASH BALANCES	OTHER ASSETS
JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY AUGUST SEPTEMBER OCTOBER NOVEMBER	2,061,020. 2,122,806. 2,118,871. 2,137,616. 2,137,507. 2,008,177. 2,023,997. 1,943,147. 1,910,545. 2,005,819. 2,004,185.		
DECEMBER	1,980,236.		
TOTAL	24,453,926.		
		=======================================	=======================================
AVERAGE FMV	2,037,827.		
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