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### Form **990-PF**

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

OMB No 1545-0052

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

For	calend	lar year 2015 or tax year beginning , a	and ending				
	ame of for				A Empl	oyer identification number	
		FLANNERY O'CONNOR CHARITABLE					
_	'RUS					-6309841	
		d street (or P O box number if mail is not delivered to street address)	Ro	oom/suite		hone number (see instructions	5)
		BOX 1106  Is state or prownce, country, and ZIP or foreign postal code			4/	8-453-1385	
	•	EDGEVILLE GA 31059			C If exe	mption application is pending,	check here
			n of a former public cha	nrifi.	D 4 E	arouga araagazatiana ahaak ha	<b>- -</b>
G	CHECK	Final return Amended	•	anty		oreign organizations, check he	_
		Address change Name cha				oreign organizations meeting t 5% test, check here and attach	
					0.0	770 test, offect field and andor	
<u>H</u> .		type of organization X Section 501(c)(3) exempt private to			-	ate foundation status was tem on 507(b)(1)(A), check here	ninated under
Ш			e private foundation				
		ket value of all assets at  J Accounting method:	Cash X Acc	rual		foundation is in a 60-month te	_
	_	ear (from Part II, col. (c), Uther (specify)			under	r section 507(b)(1)(B), check h	ele
	ne 16)	<del></del>		I		T	(d) Disbursements
*	'art l	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net inv		(c) Adjusted net	for chantable
		the amounts in column (a) (see instructions) )	books	incor	ne	income	purposes (cash basis only)
-	ລ 1	Contributions, gifts, grants, etc., received (attach schedule)	420,000				
Revenue Tables Son	<b>§</b> 2	Check ▶ ☐ If the foundation is <b>not</b> required to attach Sch B					
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities	94,783	1	38,295		
	<u>₹</u> 5a	Gross rents					<u>, , , , , , , , , , , , , , , , , , , </u>
	b b	Net rental income or (loss)					
	දී∣ 6a	Net gain or (loss) from sale of assets not on line 10	395,208				
	IJ b	Gross sales price for all assets on line 6a	<del></del>				
		Capital gain net income (from Part IV, line 2)—	0 -0!	3	95,208	†·····	
Ġ	1 -	Net short-term capital gain (m) Income modifications (C) AUG 1 5 201	: دسا}			0	
CI D	9	; (1)	/ t t			,	
3		Gross sales less returns and allowances	10 4 10 4				······
	b	Less Cost of goods sold	• 1				
	11	Gross profit or (loss) (attach schedule)  Other income (attach schedule)  STMT 1	551,309	5	51,309		
	12	Total. Add lines 1 through 11	1,461,300		34,812		
	1	Compensation of officers, directors, trustees, etc	0				
se	14	Other employee salaries and wages	-				
penses	15	Pension plans, employee benefits					
		Legal fees (attach schedule) SEE STMT 2	7,775		2,333		5,442
e E		Accounting fees (attach schedule) STMT 3	3,920		1,960		1,960
.≥	С	Other professional fees (attach schedule)					
tra	17	Interest					
∃is	18	Taxes (attach schedule) (see instructions) STMT 4	27,538		710		
Ē	19	Depreciation (attach schedule) and depletion					
₽	20	Occupancy	<del> </del>				
g	21	Travel, conferences, and meetings					
a	22	Printing and publications		<u> </u>			
Operating and Administrative	23	Other expenses (att sch) STMT 5	77,008		77,008		
aţi	24	Total operating and administrative expenses.	110 000		00 011		
ě		Add lines 13 through 23	116,241		82,011	0	7,402
ŏ	25	Contributions, gifts, grants paid	143,000		22 011		143,000
	26	Total expenses and disbursements. Add lines 24 and 25	259,241		82,011	0	150,402
	27	Subtract line 26 from line 12	1,202,059				
	l a	Excess of revenue over expenses and disbursements	1,202,059		52,801		
	b	Net investment income (if negative, enter -0-)  Adjusted net income (if negative, enter -0-)		9	JE , 8UI	0	
	l c	Aujusteu net meorne (ii negative, ciller -U-)		•		, ,	i

	18	Grants payable			
ies	19	Deferred revenue			
Ħ	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)		0	0
Se		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.	<b>&gt;</b> [		
Š	24	Unrestricted			
Balances	25	Temporarily restricted			
	26	Permanently restricted			
or Fund		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.	► X		
	27	Capital stock, trust principal, or current funds		1,445,984	1,445,984
Assets	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
SS	29	Retained earnings, accumulated income, endowment, or other funds		1,278,737	2,060,796
Net/	30	Total net assets or fund balances (see instructions)		2,724,721	3,506,780
Ž	31	Total liabilities and net assets/fund balances (see			
		instructions)		2 724 721	3 506 780

SEE STATEMENT 9

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with

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

end-of-year figure reported on prior year's return)

3 Other increases not included in line 2 (itemize) ▶

5 Decreases not included in line 2 (itemize) ▶

2 Enter amount from Part I, line 27a

Add lines 1, 2, and 3

 4
 3,926,780

 5
 420,000

 6
 3,506,780

2

3

2,724,721 1,202,059

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the

8

238,819

150,402

7 Add lines 5 and 6

Part VI instructions

8 Enter qualifying distributions from Part XII, line 4

	990-PF (2015) MARY FLANNERY O'CONNOR CHARITABLE 58-6309841			P	<u>age <b>4</b></u>
Pa	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)				
1a					
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)				
b		1		19,0	<u>056</u>
	here ▶				
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of	-			
	Part I, line 12, col (b)				_
2		2			0
3	<del> </del>	3		19,0	056
4		4			0
5		5	•	19,0	056
6	Credits/Payments				
а	2015 estimated tax payments and 2014 overpayment credited to 2015  6a 16,400				
b	Exempt foreign organizations – tax withheld at source				
С	Tax paid with application for extension of time to file (Form 8868)  6c 2,656				
d	Backup withholding erroneously withheld 6d				
7		7		19,0	<u>056</u>
8	— · // · · · · · · · · · · · · · · · · ·	8			
9	· · · · · · · · · · · · · · · · · · ·	9			
10	<b></b>	10			
11		1			
Pa	rt 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		<u> </u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see				
	Instructions for the definition)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			1	
	published or distributed by the foundation in connection with the activities			1	
С	Did the foundation file Form 1120-POL for this year?		1c		<u> </u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			1	
	(1) On the foundation > \$ (2) On foundation managers > \$	-		1	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			1	
	on foundation managers  \$			1	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
	If "Yes," attach a detailed description of the activities				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			- 1	
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		<u>X</u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	37 / B	_4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		77
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
	If "Yes," attach the statement required by General Instruction T			1	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			1	
	By language in the governing instrument, or			1	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that				
_	conflict with the state law remain in the governing instrument?		6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV		7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶  GA				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	1	8ь	x	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or				
	4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"				
	complete Part XIV		9		x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses		10		x
		F	om 99	0-PF	(2015)

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?

Form **990-PF** (2015)

X

		O CONNOR CHARITA	<del></del>	5309841	4'	_	Pa	age <b>o</b>
		g Activities for Which For	n 4720 May Be I	Required (con	itinued)			
5a					( <del></del>			
	(1) Carry on propaganda, or otherwise atten	•		<u> </u>	res 🗓 No			
	(2) Influence the outcome of any specific pu	·	carry on,		. 👽		- 1	
	directly or indirectly, any voter registratio			=	res X No		1	
	(3) Provide a grant to an individual for travel			\	res X No			
	(4) Provide a grant to an organization other	<del>_</del>	escribed in		. 🖼			
	section 4945(d)(4)(A)? (see instructions	•		[_] \	res 🗓 No			
	(5) Provide for any purpose other than religi	•	educational		( <del></del> )			
	purposes, or for the prevention of cruelty				res X No	- 1	- 1	
b	If any answer is "Yes" to 5a(1)–(5), did any of			ribed in	/-	- 1	1	
	Regulations section 53 4945 or in a current in				N/A	5b		
	Organizations relying on a current notice reg				▶ 📋		- 1	
С	If the answer is "Yes" to question 5a(4), does		n the tax	/-			1	
	because it maintained expenditure responsib	ollity for the grant?		N/A 📗	res ∐ No │		1	
	If "Yes," attach the statement required by Re	gulations section 53 4945–5(d)					1	
6a	Did the foundation, during the year, receive a	any funds, directly or indirectly, to pay	premiums		=		1	
	on a personal benefit contract?			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	res X No		1	
b	Did the foundation, during the year, pay pren	niums, directly or indirectly, on a pers	onal benefit contract?			6b		<u>X</u>
	If "Yes" to 6b, file Form 8870				-		1	
7a	At any time during the tax year, was the foun	dation a party to a prohibited tax shel	ter transaction?	\ \ \ \ \	res X No		1	
b	If "Yes," did the foundation receive any proce				N/A	7b		
Pa		cers, Directors, Trustees,	Foundation Mar	nagers, Highly	y Paid Emplo	yees,		
	and Contractors							
1 L	ist all officers, directors, trustees, founda	tion managers and their compens	ation (see instruction	ons).	1			
			(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(a) Evn	ense ac	count
	(a) Name and add	ress	hours per week devoted to position	(If not paid, enter -0-)	plans and deferred		allowar	
			develor to position	J	compensation			
WI	LHELMINA LOUISE FLORENCOURT	MILLEDGEVILLE	CO-TRUSTEE					
Ρ.	O. BOX 1106	GA 31059	20.00	0	0			0
MI	CHAEL J. GARANZINI	CHICAGO	CO-TRUSTEE					
82	0 N. MICHIGAN AVE	IL 60611	4.00	0	0			0
						-		
2	Compensation of five highest-paid emplo	oyees (other than those included o	on line 1 – see instru	actions). If none, o	enter			
	"NONE."			<u> </u>	1	ī		
			(b) Title, and average		(d) Contributions to employee benefit	(e) Exp	ense ac	count.
	(a) Name and address of each employee par	d more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred	othe	r allowar	ices
		<u> </u>			compensation	<b> -</b>		
NC	DNE			!				
			}					
	<del></del>			1		-		
				<del> </del>	-	-		
			-					
				<del> </del>	ļ	<del> </del>		
						<u> </u>		
Γota	I number of other employees paid over \$50,00	0		<del>.</del>		<u> </u>	ــلِــ	0
					F	om <b>99</b>	0-PF	(2015)

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Part VIII	Information About Officers, Directors, Trustees, Foun	dation Managers, Highly Paid I	
	and Contractors (continued)		
3 Five highe	est-paid independent contractors for professional services (see instruc	tions). If none, enter "NONE."	
-	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
	·		
T-4-1	-th		
I otal number of	others receiving over \$50,000 for professional services		<b>•</b>
Part IX-A	Summary of Direct Charitable Activities		
	s four largest direct chantable activities during the tax year. Include relevant statistical information so other beneficiaries served, conferences convened, research papers produced, etc	such as the number of	Expenses
1 N/A			
2			<u> </u>
3			
4			
-			
Part IX-B	Summary of Bragram Polated Investments (see jests	untinno)	
	Summary of Program-Related Investments (see instruirgest program-related investments made by the foundation during the tax year on lines 1 and 2	actions)	
1 N/A	ingest program-related investments made by the foundation during the tax year on lines. I and 2		Amount
,			
2			
All other program-re	elated investments. See instructions		
3			
		· · · · · · · · · · · · · · · · · · ·	

Total. Add lines 1 through 3

Pa	art X	<b>Minimum Investment Return</b> (All domestic foundations mus see instructions.)	t con	nplete this part. Forei	gn fo	undations,
1	Fair mark	et value of assets not used (or held for use) directly in carrying out charitable, etc	,	···		
	purposes	, , , , , , , , , , , , , , , , , , , ,				
а	Average r	nonthly fair market value of securities			1a	3,086,309
b	_	of monthly cash balances			1b	82,564
С	Fair mark	et value of all other assets (see instructions)			1c	110,962
d	Total (ad	d lines 1a, b, and c)			1d	3,279,835
е	Reduction	n claimed for blockage or other factors reported on lines 1a and				
	1c (attach	detailed explanation)	1e	0		
2	Acquisitio	n indebtedness applicable to line 1 assets			2	0
3	Subtract I	ine 2 from line 1d			3	3,279,835
4	Cash dee	med held for charitable activities Enter 1½% of line 3 (for greater amount, see				
	instructio	ns)			4	49,198
5	Net value	e of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Pa	rt V, lır	ne 4	5	3,230,637
6	Minimum	n investment return. Enter 5% of line 5			6	161,532
Pa	art XI	Distributable Amount (see instructions) (Section 4942(j)(3) a	and (j	)(5) private operating	four	ndations
		and certain foreign organizations check here ▶ and do not	comp	elete this part)		
1	Mınımum	investment return from Part X, line 6			1	161,532
2a	Tax on in	vestment income for 2015 from Part VI, line 5	2a	19,056		
b	Income ta	x for 2015 (This does not include the tax from Part VI)	2b			
C	Add lines	2a and 2b			2c	19,056
3	Distributa	ble amount before adjustments Subtract line 2c from line 1			3	142,476
4	Recoverie	es of amounts treated as qualifying distributions			4	
5	Add lines	3 and 4			5	142,476
6	Deduction	n from distributable amount (see instructions)			6	
7	Distribut	able amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,			1	
	line 1				7	142,476
Pa	art XII	Qualifying Distributions (see instructions)				
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	150,402
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	: <b>,</b>			
	purposes				2	
3	Amounts	set aside for specific charitable projects that satisfy the				
а	Suitability	test (prior IRS approval required)			3a	
b	Cash dist	ribution test (attach the required schedule)			3ь	
4	Qualifyin	g distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and P	art XIII	l, line 4	4	150,402
5	Foundation	ns that qualify under section 4940(e) for the reduced rate of tax on net investmen	t incom	ne		
	Enter 1%	of Part I, line 27b (see instructions)			5_	0
6	Adjusted	qualifying distributions. Subtract line 5 from line 4			6	150,402
	Note. The	e amount on line 6 will be used in Part V, column (b), in subsequent years when c	alculati	ng whether the foundation		
	OUS	alifies for the section 4940(e) reduction of tax in those years				

7,926

Excess from 2015

_	990-PF (2015) MARY FLANNER ort XIV Private Operating Fo			58-6309		Page 1
				irt VII-A, question	9) T	
ıa	If the foundation has received a ruling or d foundation, and the ruling is effective for 2					
b	Check box to indicate whether the foundat		•	in section	1942(j)(3) or 49	42( <sub>1</sub> )(5)
2a	Enter the lesser of the adjusted net	Tax year	ig loundation described	Prior 3 years	1942(J)(3) (I   49	42(j)(5)
Za	income from Part I or the minimum	(a) 2015	<b>(b)</b> 2014	(c) 2013	(d) 2012	(e) Total
	investment return from Part X for	(4, 20.10	(-)	(0, 20.0	(4) 20 12	<u> </u>
	each year listed					
ь	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		-		-	
Ē	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		
u	(1) Value of all assets					
	(2) Value of assets qualifying under				<u> </u>	
	section 4942(I)(3)(B)(I)					
b	"Endowment" alternative test – enter 2/3					
~	of minimum investment return shown in					
	Part X, line 6 for each year listed					
С	"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)	_				<u> </u>
	(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			1		
	(4) Gross investment income					
Pa	ert XV Supplementary Inform	nation (Complet	e this part only if	the foundation	had \$5.000 or me	ore in assets at
	any time during the y		-			
1	Information Regarding Foundation Mar					
а	List any managers of the foundation who h	ave contributed more t	han 2% of the total cont	ributions received by ti	ne foundation	
	before the close of any tax year (but only if	they have contributed	more than \$5,000) (See	e section 507(d)(2))		
	N/A		, ,			
b	List any managers of the foundation who o	wn 10% or more of the	stock of a corporation (	or an equally large por	tion of the	-
	ownership of a partnership or other entity)	of which the foundation	n has a 10% or greater i	nterest		
	N/A					
2	Information Regarding Contribution, G	rant, Gift, Loan, Scho	olarship, etc., Progran	ns:		
	<del>-</del> -		preselected charitable		s not accept	
	unsolicited requests for funds. If the found			-	=	
	other conditions, complete items 2a, b, c, a					
а	The name, address, and telephone numbe	r or e-mail address of t	the person to whom app	lications should be add	dressed.	
	N/A					
b	The form in which applications should be s	submitted and informati	ion and materials they s	hould include	<u> </u>	— <u> </u>
	N/A		•			
С	Any submission deadlines			·		<del>- · · · · · · · · · · · · · · · · · · ·</del>
_	N/A_					
d	Any restrictions or limitations on awards, s	uch as by geographica	l areas, charitable fields	s, kinds of institutions,	or other	
	factors	·		.,		
	N/A					
DAA	·	· <u> </u>	<del></del> _			Form 990-PF (2015

Part XV Supplementary Information (c	ontinued)			
3 Grants and Contributions Paid During th	ne Year or Approved for	Future Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year LOYOLA UNIVERSITY 1032 W SHERIDAN RD CHICAGO IL 60660	NONE	EXEMPT _ ED	UCATIONAL	60,000
FLANNEY O'CONNOR ANDALUSIA P.O. BOX 947 MILLEDGEVILLE GA 31059	FD NONE	EXEMPT ED	UCATIONAL	83,000
Total	<u> </u>	· · · · · · · · · · · · · · · · · · ·	<b>▶</b> 3a	143,000
<ul> <li>b Approved for future payment</li> <li>N/A</li> </ul>				
Total			<b>▶</b> 3b	

Enter gross amounts unless otherwise indicated		Unrelated	d business income	Exclude	by section 512, 513, or 514	(a)	
	·	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)	
1 Program se				<del>                                     </del>			
				<del> </del>			
	<del>-</del>	<del>-</del>		-			
		<del>-</del>	<del></del>	ļ. ——			
	<u> </u>	_		<del> </del>			
e		_					
T		_					
	d contracts from government agencies			1			
	dues and assessments	-					
	avings and temporary cash investments and interest from securities			14	94,783		
				+	34,763		
	come or (loss) from real estate			<del> </del>			
	anced property t-financed property	<del></del>		Ì	-		
	come or (loss) from personal property			Ì			
7 Other invest			<del></del>	15	551,309		
	s) from sales of assets other than inventory	-	<del></del>	18	395,208		
	or (loss) from special events	-		10	333,200		
	or (loss) from sales of inventory	<del></del>				<del></del>	
	ue a			<u> </u>			
				<u> </u>		<del></del>	
· · · · · · · · · · · · · · · · · · ·		_					
е			-				
12 Subtotal Ad	d columns (b), (d), and (e)		0		1,041,300	0	
	ine 12, columns (b), (d), and (e)				_ 13 _	1,041,300	
	in line 13 instructions to verify calculations )						
Part XVI-B		Accomplishm	ent of Exempt F	urpos	es		
Line No.	Explain below how each activity for which income	e is reported in colur	nn (e) of Part XVI-A co	ontributed	importantly to the		
_							
	accomplishment of the foundation's exempt purp	oses (other than by	providing funds for su		ses) (See instructions)		
N/A	accomplishment of the foundation's exempt purp	oses (other than by	providing funds for su		ses) (See instructions)		
<u>·</u>	accomplishment of the foundation's exempt purp	oses (other than by	providing funds for su		ses) (See instructions)		
<u>·</u>	accomplishment of the foundation's exempt purp	oses (other than by	providing funds for su		ses) (See instructions)		
<u>·</u>	accomplishment of the foundation's exempt purp	oses (other than by	providing funds for su		ses) (See instructions)		
<u>·</u>	accomplishment of the foundation's exempt purp	oses (other than by	providing funds for su		ses) (See instructions)		
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<u>·</u>	accomplishment of the foundation's exempt purp	oses (other than by	providing funds for su		ses) (See instructions)		
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<u>·</u>	accomplishment of the foundation's exempt purp	oses (other than by	providing funds for su		ses) (See instructions)		
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<u>·</u>	accomplishment of the foundation's exempt purp	oses (other than by	providing funds for su		ses) (See instructions)		

		5) MARY FLAN							Pa	age <b>1</b> :
Part	XVII	_	_	ansfers To ar	nd Transacti	ons and RelationsI	hips W	ith Noncharitable		
1 D	ıd the orga	Exempt Organiz		in any of the follow	and with any othe	r organization described		· <del></del>	Yes	No
	, -	•		*		on 527, relating to political			1.50	<del>                                     </del>
	ganization			( . , ( . ,		and a particular of the partic				
	_	om the reporting founda	ation to a non-	charitable exempt of	organization of					
	) Cash	<b>. .</b>			<b>3</b>			1 <u>a(</u> '	ار	x
	) Other as	ssets						1a(2		X
•	ther transa							1:54	1	
		assets to a noncharita	ble exempt or	canization				1b( <sup>-</sup>	,	x
•	•	ses of assets from a no	•	•				1b(;		X
•	•	of facilities, equipment,		, •				1b(:	$\overline{}$	X
•	•	rsement arrangements						1b(4		X
•	•	r loan guarantees						1b(		X
•	•	ance of services or me	mbership or f	undraising solicitat	ions			1b(		X
•	•	acilities, equipment, ma	•	•				1c		X
	_					(b) should always show th	e fair ma	<del></del>		
		•		-		foundation received less t				
		=	_			goods, other assets, or se				
	ine no	(b) Amount involved		e of nonchantable exem				ansactions, and sharing arrange	nents	
N/A								-		
			İ							
						-				
-										
		" '								
						_				-
-		-								
2a Is	the founda	ation directly or indirectl	ly affiliated wi	th, or related to, on	e or more tax-exe	mpt organizations				
d€	escribed in	section 501(c) of the C	Code (other th	an section 501(c)(	3)) or in section 5	27?			Yes 🛚	No.
b If	"Yes," com	plete the following sch	edule			<b>,_</b>				
		a) Name of organization		(b) Type of o	rganization		(c) Descrip	tion of relationship		
N/	Ά									
						ules and statements, and to the nich preparer has any knowledge		knowledge and belief, it is true,		
	0011001, 411	a complete books about of p	тораго (овтог и	an tarpayor, to based o		non property rice any mistribuge		May the IRS discuss th		
Sign								with the preparer show (see instructions)?	Yes	No
lere	, ,	· ·	$\varphi$ .	CI	1				, 69	
	n	Melelmine	trus	- Florem	one	<u>08-10-</u> 16 _	CO-T	RUSTEE		
	Signa	ature of officer or trustee			Date	Titl	le			
	Print/Tyl	pe preparer's name			Preparer's signatu	re /		Date	Check	, ,
امنط	iw				11.01.	5 Kmil		-		mployed
aid	WILL	IAM S. LAMB, C	CPA		viceio	mo )		08/08/1		
repare	Firm's n	·-· · · · · · · · · · · · · · · · · · ·		WELL, LLC	-			<b>РТІN РООЗ</b> 5		
lse On	y	4120	<b>ADKWD</b> T	CHT RD				58-22	1653	۱6

478-471-8488

MACON, GA

31210-1707

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

Department of the Treasury Internal Revenue Service

Name of the organization

MARY FLANNERY O'CONNOR CHARITABLE

### **Schedule of Contributors**

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

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

OMB No 1545-0047

Employer identification number

2015

TRUST	58-6309841	
Organization type (check	cone)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	<b>X</b> 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	is covered by the <b>General Rule</b> or a <b>Special Rule</b> . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See	
General Rule		
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributions	
Special Rules		
regulations under 13, 16a, or 16b, ar	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> /3 % support test of the sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line and that received from any one contributor, during the year, total contributions of the greater of (1) of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II	
contributor, during	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one gethe year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III	
contributor, during contributions totale during the year for General Rule app	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one go the year, contributions exclusively for religious, charitable, etc., purposes, but no such led more than \$1,000. If this box is checked, enter here the total contributions that were received an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the collest to this organization because it received nonexclusively religious, charitable, etc., contributions more during the year.	
990-EZ, or 990-PF), but it	that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	

Name of organization

MARY FLANNERY O'CONNOR CHARITABLE

Employer identification number 58-6309841

Part I	Contributors (see instructions) Use duplicate copies of P	Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ESTATE OF REGINA O'CONNOR P.O. BOX 1106 MILLEDGEVILLE GA 31059-1106	\$ <b>42</b> 0,000	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

\_ Page .

Name of organization

MARY FLANNERY O'CONNOR CHARITABLE

Employer identification number 58-6309841

Part II · Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	FLANNERY O'CONNOR ARCHIVE		
		s 420,000	03/24/15
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	-
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

;	·	Adjusted Net. Income		Charitable		Charitable Purpose \$ 1,960		Charitable Purpose	1-4
	Income	Net Investment	al Fees	Adjusted Net	nting Fees	Adjusted Net	axes	Adjusted Net	
Federal Statements	, Part I, Line 11 - Other	Revenue per Books \$ 551,309 \$ 551,309	, Part I, L	Net	art I, Line 16b - Accou	Net   Investment   \$   1,960   \$   \$   \$   \$	-PF, Part I, Line 18 - Taxes	Net Investment \$\frac{710}{710}\$	 -
Federal	Statement 1 - Form 990-PF, Part I, Line 11 - Other Income		Statement 2 - Form 990-PF	\$ 7,775	Statement 3 - Form 990-PF, Part I, Line 16b - Accounting Fees	<b>Total</b> \$ 3,920	Statement 4 - Form 990-PF,	<b>Total</b> \$ 26,828 710 \$ 27,538	
58-6309841	Stal	ROYALITIES	Sta	Description INDIRECT LEGAL FEES TOTAL	Staten	Description INDIRECT ACCOUNTING FEES TOTAL		Description EXCISE TAXES FOREIGN TAXES TOTAL	

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### Federal Statements

### Statement 5 - Form 990-PF, Part I, Line 23 - Other Expenses

Charitable . Purpose					0
Adjusted Net	φ.				\$
	φ.				φ.
Net Investment			55,130	21,878	77,008
<u>i</u>	ᡐ				φ.
Total			55,130	21,878	77,008
	ᡐ				\$
Description		EXPENSES	COMMISSIONS ON ROYALITIES	INVESTMENT FEES	TOTAL

# Statement 6 - Form 990-PF, Part II, Line 10a - US and State Government Investments

Description	<b>"</b>	Beginning of Year	-	End of Year	Basis of Valuation	Ľ į	Fair Market Value
ARLINGTON TEX WTR	₩	21,360	₩	21,360	MARKET	S	20,386
CHICAGO ILL MET WTR		20,931		20,931	MARKET		20,373
CLARK CNTY WASH PUB		15,994			MARKET		
FORT WORTH TEX INDP			-		MARKET		
KENOSHA WIS		11,343	-	11,343	MARKET		11,027
LAS VEGAS VALLEY NE		Q			MARKET		
MINNESOTA ST		22,365		22,385	MARKET		21,213
NEW YORK NY FOR		0		17,951	MARKET		9
PA ST HIGHER ED		16,168		16,168	MARKET		5,
REGIONAL TRANSN		16,628		-	MARKET		15,025
ST PETERSBURG FL			-		MARKET		
BLACKROCK STRATEGIC INC		117,915		248,754	MARKET		238,035
GOLDMAN SACHS STRATEGIC		207,645		242,935	MARKET		226,439
OSTERWEIS STRATEGIC INC					MARKET		
ISHARES IBONDS				835,340	MARKET		830,788
TOTAL	ψ.	484,269	φ 	1,453,795		\$\sqrt{\chi}	1,415,220

### Statement 7 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments

Description		Beginning of Year		End of Year	Basis of Valuation	<b>"</b>	Fair Market Value
DOUBLELINE TOTAL RETURN	S	204,254	ςŷ	282,326	MARKET	<b>የ</b>	275,799
GOLDMAN SACHS RISING		108,033		138,243	MARKET		154,808
ISHARES RUSSELL 2000 INDEX		53,586		118,891	MARKET		121,297

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# Statement 7 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments (continued)

Description		Beginning of Year		End of Year	Basis of Valuation		Fair Market Value
ISHARES S&P 500 INDEX	৵	110,596	৵	140,228	MARKET	·γ-	162,296
VANGUARD FTSE DEV VANGUARD INTERM-TERM BD		164,542 318,344		186,805	MARKET MARKET		173,669
VANGUARD MID CAP GROW		34,388		41,060	MARKET		46,847
VANGUARD MID CAP VALUE		34,508		43,809	MARKET		48,091
VANGUARD SHT-TM BD		318,870			MARKET		
GOLDMAN SACHS SATELLITE		384,748		433,110	MARKET		383,871
ALPHA OPPORTUNISTIC		179,406			MARKET		
INVESCO BALANCED RISK		196,340		184,476	MARKET		152,773
AQR STYLE PREMIA ALTERN				240,335	MARKET		239,671
TOTAL	w W	2,107,615	ς, I	1,809,283		∥	1,759,122

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### **Federal Statements**

### Statement 8 - Form 990-PF, Part II, Line 15 - Other Assets

Description	 Beginning of Year		End of Year	_	Fair Market Value
ROYALITY INTEREST	\$ 110,962	\$	110,962	\$	110,962
TOTAL	\$ 110,962	\$_	110,962	\$_	110,962

### Statement 9 - Form 990-PF, Part III, Line 5 - Other Decreases

Description	_	Amount
BOOK TO TAX DIFFERENCE - CONTRIBUTION	\$	420,000
TOTAL	\$	420,000