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For calendar year 2015, or tax year beginning 01-01-2015

Department of the Treasury

Internal Revenue Service

DLN: 93491097000236

, and ending 12-31-2015

OMB No 1545-0052

Open to Public Inspection

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

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

	e of found	dation E & MOLL ANDERSON FOUNDATION	A Employer id	A Employer identification number					
	LCHARL	E & PIOLE ANDERSON I CONDAILON			62-1795976				
		treet (or P O box number if mail is i	not delivered to street address)	Room/suite	B Telephone nur	mber (see instructior	ns)		
C/(O MARTIN	I R ABROMS CPA PO BOX 1426			(256) 767-0740)			
City	or town,	state or province, country, and ZIP o	r foreign postal code		c If exemption	application is pendir	ng, check here 🕨 🦵		
FLOR	ENCE, AL	. 35631							
G Ch	eck all	that apply Initial return	Initial return of a for	rmer public charity	D 1. Foreign or	ganizations, check h	ere 🕨 🗀		
		Final return Address chanc	A mended return Name change		2. Foreign o	rganizations meeting	•		
H C h	ack tyn	e of organization	, ,	foundation		k here and attach co Indation status was	emputation terminated		
∏Se	ction 4	947(a)(1) nonexempt charital	ole trust Other taxable	private foundation		n 507(b)(1)(A), che	ck here		
		value of all assets at end	JAccounting method ☐ Other (specify)	Cash Accrual	F II the lounds	ation is in a 60-mont			
		om Part II, col. (c), 5 5,552,637	(Part I, column (d) must b	e on cash basıs.)	under section	n 507(b)(1)(B), che	ck nere		
Pai		Analysis of Revenue a	ind Expenses				Disbursements		
		(The total of amounts in columns (necessarily equal the amounts in co instructions))	b), (c), and (d) may not	Revenue and expenses per (a) books	Net investment (b) income	Adjusted net (c) income	for charitable purposes (d) (cash basis only)		
	1	Contributions, gifts, grants, e	tc , received (attach						
		schedule)		2,000,000					
	2	Check ► ┌ If the foundation	is not required to attach						
		Sch B							
	3	Interest on savings and temp	·	1,257	1,257				
	4	Dividends and interest from s	-	22,201	22,201		_		
	5a	Gross rents							
ds	b 6a	Net rental income or (loss) Net gain or (loss) from sale o	_						
Reveilue	b	Gross sales price for all asse							
Rev	7	Capital gain net income (from	Part IV line 2)		0				
	8	Net short-term capital gain .							
	9	Income modifications					_		
	10a	Gross sales less returns and allowances							
	ь	Less Cost of goods sold					-		
	С	Gross profit or (loss) (attach	schedule)						
	11	Other income (attach schedu	le)						
	12	Total.Add lines 1 through 11		2,023,458	23,458				
	13	Compensation of officers, dire	ectors, trustees, etc	0	0		0		
	14	Other employee salaries and	wages						
φŞ	15	Pension plans, employee ben	efits						
š Už	16a	Legal fees (attach schedule).							
X Z	b	Accounting fees (attach sche	edule)	2,655	31		2,624		
e E	С	Other professional fees (atta	ch schedule)						
and Administrative Expenses	17	Interest	F						
Stra	18	Taxes (attach schedule) (see	einstructions)	403	0		0		
	19	Depreciation (attach schedul	e) and depletion	238	0				
듬	20	Occupancy	<u> </u>						
7 0	21	Travel, conferences, and mee	⊢	26,425	306		26,119		
	22	Printing and publications	-	OFT 00 700	256		00.047		
iui	23	Other expenses (attach sche	·	30,703	356		30,347		
Operating	24	Total operating and administ	-	60.404	500		F0.000		
ă O	25	Add lines 13 through 23	<u> </u>	60,424 1,071,750	693		59,090 1,071,750		
-	25 26	Contributions, gifts, grants pa	-	1,071,750			1,0/1,/50		
		Total expenses and disbursen	nents.Add lines 24 and	1,132,174	693		1,130,840		
	27	Subtract line 26 from line 12	soo and dishurasar	001 201					
	a	Excess of revenue over exper Net investment income (If ne		891,284	22,765				
	Ь	Adjusted net income (if negat	- ,		22,765				
Eor F	C	ork Reduction Act Notice, see			Cat No. 11289V		990-PE (2015)		

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
Ī	1	Cash—non-interest-bearing	0	(P) DOOK value	(C) Fair Planket value
	2	Savings and temporary cash investments	3,419,885	4,311,409	4,311,409
	3	Accounts receivable	2,121,212	.,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	,	Less allowance for doubtful accounts			
	4	Pledges receivable			
	7	Less allowance for doubtful accounts -			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	O	disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
	,	Less allowance for doubtful accounts			
		Inventories for sale or use			
祭	8	Prepaid expenses and deferred charges			
Assets	9	-			
٩	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	1,498,491	1,498,491	1,240,415
	C	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis 🕨			
		Less accumulated depreciation (attach schedule) ▶ 377	0	813	813
	15	O ther assets (describe 🟲)			
	16	Total assets(to be completed by all filers—see the			
		ınstructions Also, see page 1, item I)	4,918,376	5,810,713	5,552,637
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ğΙ	19	Deferred revenue			
abilities	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
_	22	O ther liabilities (describe 🟲)			
	23	Total liabilities(add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here 🕨 🦵			
Balances		and complete lines 24 through 26 and lines 30 and 31.			
밀	24	Unrestricted			
8	25	Temporarily restricted			
힏	26	Permanently restricted			
Fund		Foundations that do not follow SFAS 117, check here 🕨 🔽			
5		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds	0	0	
Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	29	Retained earnings, accumulated income, endowment, or other funds	4,918,376	5,810,713	
₹	30	Total net assets or fund balances(see instructions)	4,918,376	5,810,713	
_	31	Total liabilities and net assets/fund balances(see instructions)	4,918,376	5,810,713	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances			
1		Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must ag	ree	
		with end-of-year figure reported on prior year's return)		1	4,918,376
2		Enter amount from Part I, line 27a		2	891,284
3		Other increases not included in line 2 (itemize)		_ % _3	1,053
4		Add lines 1, 2, and 3		4	5,810,713
5		Decreases not included in line 2 (itemize)		_ 5	0
6		Total net assets or fund balances at end of year (line 4 minus line 5)—Pa		ne 30 . 6	5,810,713

Part IV Capital Gains	and Losses for Tax on Inve	stment Income			
	the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs		How acquired P—Purchase (b) D—Donation	Date acquire	Date sold) (d) (mo , day, yr)
1a					
b					
C					
d					
e					
(e) Gross sales price	Depreciation allower (f) (or allowable)		t or other basis expense of sale		ın or (loss) s (f) mınus (g)
a					
b					
С					
d					
e					
	showing gain in column (h) and owne	d by the foundation	n on 12/31/69	Gains (C	ol (h) gain minus
· · · · · · · · · · · · · · · · · · ·	Adjusted basis		cess of col (ı)		not less than -0-) or
(i) F M V as of 12/31/69	(j) as of 12/31/69		rcol (j), if any		(from col (h))
a					
b					
c					
d					
e					
3 Net short-term capit	me or (net capital loss) al gain or (loss) as defined in sectio Part I, line 8, column (c) (see instru	, ,)	2	
<u> </u>	Under Section 4940(e) for R	educed Tax or	Net Investme	ont Income	
	private foundations subject to the se				
	e section 4942 tax on the distributa ot qualify under section 4940(e) Do			eriod?	Γ Yes Γ No
1 Enter the appropriate amo	unt in each column for each year, se	ee instructions befo	ore making any en	tries	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncha	ritable-use assets	(col (b) divide	ion ratio
2014	2,072,192		4,912,182		0 421848
2013	1,502,581		4,302,733		0 349215
2012	1,460,315		3,529,400		0 413757
2011	1,086,217		3,274,269		0 331743
2010	1,471,155		3,418,584		0 430340
2 Totalof line 1, column	• •			2	1 946903
the number of years	ratio for the 5-year base period—div the foundation has been in existence	e ıf less than 5 yea	rs	3	0 389381
4 Enter the net value o	f noncharitable-use assets for 2015	5 from Part X, line 5	5	4	4,524,037
5 Multiply line 4 by line	e 3			5	1,761,574
6 Enter 1% of net inve	stment income (1% of Part I, line 2	7b) .	[6	228
7 Add lines 5 and 6.				7	1 761 802

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 Part VI instructions

1,130,840

ĽŒL	Excise Tax based on Investment Income (Section 4940(a), 4940(b), 49	7 7 0(e),	, UI 4940—Se	e pag	C 10 01	the ins	structio	/115 <i>)</i>				
1a		· L		1								
	and enter "N/A" on line 1 Date of ruling or determination letter			Į								
	(attach copy of letter if necessary-see instructions)			ſ								
b	Domestic foundations that meet the section 4940(e) requirements in Part V,			ļ	1				455			
	here ► Tand enter 1% of Part I, line 27b			. ′								
С	All other domestic foundations enter 2% of line $27b$ Exempt foreign organiza Part I, line 12 , col (b)	itions e	enter 4% of									
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foun enter -0-)	dation	s only Othe	rs	2				0			
3	3 Add lines 1 and 2											
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable four enter -0-)	ndation	s only Othe	ers	4				0			
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, en	nter - 0			5				455			
6	Credits/Payments											
а	2015 estimated tax payments and 2014 overpayment credited to 2015	6a										
b	Exempt foreign organizations—tax withheld at source	6b										
C	Tax paid with application for extension of time to file (Form 8868)	6c										
d	Backup withholding erroneously withheld	6d										
7	Total credits and payments Add lines 6a through 6d				7				0			
8	Enter any penalty for underpayment of estimated tax Check here $\lceil \cdot \rceil$ if Form 2	220 is	attached		8							
9	$\textbf{Tax}\ \textbf{due.} If the total of lines 5 and 8 is more than line 7, enter \textbf{amount}\ \textbf{owed}\ \textbf{.}$			•	9				455			
10	Overpayment.If line 7 is more than the total of lines 5 and 8, enter the amount	t overp	paid	F	10							
11	Enter the amount of line 10 to be Credited to 2015 estimated tax		Refunded	•	11							
Par	t VII-A Statements Regarding Activities											
1a	During the tax year, did the foundation attempt to influence any national, state	, or loc	al legislatio	n or d	ıd			Yes	No			
	it participate or intervene in any political campaign?						. <u>1a</u>		No			
b	Did it spend more than \$100 during the year (either directly or indirectly) for p	olitica	l purposes (s	see Ir	struct	ions						
	for definition)?					•	1b		No			
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities	and co	pies of any m	nateria	als							
	published or distributed by the foundation in connection with the activities.											
	Did the foundation file Form 1120-POL for this year?				• •		1c		No			
d	Enter the amount (If any) of tax on political expenditures (section 4955) impos											
	(1) On the foundation \$\bigs\\$ 0 (2) On foundation managers			0								
е	Enter the reimbursement (if any) paid by the foundation during the year for poli	tical e	xpenditure ta	ax ımı	osed							
_	on foundation managers 🕨 \$0											
2	Has the foundation engaged in any activities that have not previously been rep	orted	to the IRS?			• • •	. 2		No			
_	If "Yes," attach a detailed description of the activities.											
3	Has the foundation made any changes, not previously reported to the IRS, in it	_	_	-		S			NI-			
4-	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a confo						. 3		No			
4a 	Did the foundation have unrelated business gross income of \$1,000 or more di						4a		No			
b	If "Yes," has it filed a tax return on Form 990-T for this year?						4b 5		No			
5	Was there a liquidation, termination, dissolution, or substantial contraction dur	ring the	e year				. 5		NO			
6	If "Yes," attach the statement required by General Instruction T. Are the requirements of section 508(e) (relating to sections 4941 through 494)	45100	tisfied either	r								
•	By language in the governing instrument, or	73)3a	cisiled eltilei									
	 By state legislation that effectively amends the governing instrument so the 	at no n	nandatory du	rectio	ns							
	that conflict with the state law remain in the governing instrument?						. 6	Yes				
7	Did the foundation have at least \$5,000 in assets at any time during the year?					:),						
-	and Part XV.						. 7	Yes				
8a	Enter the states to which the foundation reports or with which it is registered (s	see ins	tructions)									
	<u>►TN</u>											
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 99	0-PF	to the Attorn	ney								
	General (or designate) of each state as required by General Instruction G? If						8b	Yes				
9	Is the foundation claiming status as a private operating foundation within the n	neanın	g of section	4942	()(3)							
	or 4942(J)(5) for calendar year 2015 or the taxable year beginning in 2015 (see	ee inst	ructions for	Part >	۲(V I)							
	If "Yes," complete Part XIV						. 9		No			
10	Did any persons become substantial contributors during the tax year? If "Yes,"	" attach	n a schedule l	isting	their n	ames						
	and addresses.						. 10		No			

Par	Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement (see instructions)	. 12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ▶ <u>N/A</u>			
14	The books are in care of ►ABROMS ASSOCIATES PC Telephone no ►(256)	5)767	-0740	
	Located at ▶PO BOX 1426 FLORENCE AL ZIP+4 ▶35630			
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	•	- ,	
			1	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over	مد ا	Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			т
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes V No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes V No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes V No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)			
ь	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
Ī	that were not corrected before the first day of the tax year beginning in 2015?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
_	operating foundation defined in section $4942(j)(3)$ or $4942(j)(5)$)			
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2015?			
	If "Yes," list the years > 20, 20, 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement—see instructions)	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	▶ 20, 20, 20			
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?			
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation			
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section $4943(c)(7)$) to dispose of holdings acquired by gift or bequest, or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			
	if the foundation had excess business holdings in 2015.).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		No

Pa	rt VII-B	Statements Rega	rdii	ng Activities for	· Wh	ich Form 4720	May	Be Required (Con	tinue	ed)	
5a	During th	e year dıd the foundatıoı	п рау	orincurany amoun	t to						
	(1) Carry	on propaganda, or othe	rwise	attempt to influenc	e leg	ıslatıon (section 49	45(e)) [?]	√ No		
	(2) Influe	ence the outcome of any	spec	cific public election (see	section 4955), or to	car	ry			
	on, dı	rectly or indirectly, any	vote	r registration drive?				T Yes 「	√ No		
	(3) Provi	de a grant to an individu	al for	r travel, study, or oth	ners	ımılar purposes?		┌ Yes 「	√ No		
	(4) Provi	de a grant to an organıza	ation	other than a charita	ble,	etc , organization de	scrib	ped			
	ın sed	ction 4945(d)(4)(A)? (se	ee in:	structions)				\ \ \ Yes	√ No		
	(5) Provi	de for any purpose other	thar	n religious, charitabl							
	educa	ational purposes, or for t	he pr	revention of cruelty	to ch	ıldren or anımals?.			√ No		
b	If any an	swerıs "Yes" to 5a(1)–(5), d	lid any of the transac	tions	fail to qualify under	the	exceptions described in			
	Regulatio	ns section 53 4945 or i	nac	urrent notice regard	ling c	lisaster assistance	(see	ınstructions)?		5b	
	O rganıza	_									
c	If the ans										
	tax becau	use it maintained expend	diture	e responsibility for th	ne gr	ant?		\ \ Yes	_ No		
	If "Yes," a	attach the statement requ	ired l	by Regulations sectio	n 53.	4945-5(d).					
6a											
	a persona	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	√ No								
b	b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?										
	If "Yes" to										
7a	At any tir	ransaction? TYes [√ No								
ь	If yes, di	d the foundation receive	any	proceeds or have an	y ne	t income attributable	e to t	the transaction?		7b	
Da	rt VIII		t Of	ficers, Directors	s, Tı	ustees, Founda	itio	n Managers, Highly	Paid	I Employees,	
		and Contractors									
	List all of	icers, directors, trustee	s, for	undation managers a	nd t	heir compensation (see i		1		
				Title, and average	(c)	Compensation(If		(d) Contributions to		Expense account,	
	(a) Na	me and address	(b)	hours per week devoted to position		not paid, enter -0-)		mployee benefit plans	(e)	other allowances	
CHAI	NEC C ANDE	OCON ID				-	and	deferred compensation	1		
	RLES C ANDER		-1	DIRECTOR 0 00		0		0		0	
	BROOKVI / STE	EW TOWN CENTRE									
501											
	XVILLE, T										
	TIN R ABROM:		-	ECTOR		0		0		0	
C/0		ASSOCIATES 201 S	0 00	U							
	EET SUITE	E 610									
FLO	RENCE, AL	35631									
_2	Compensa	tion of five highest-paid	l emp	oloyees (other than	thos	e included on line 1–	-see	instructions). If none, e	nter "	NONE."	
		(a)		Title, and aver	age			Contributions to employee benefit		Expense account,	
Na		Iress of each employee p	paid	hours per we		(c) Compensation	n	plans and deferred	(e)	other allowances	
	mo	re than \$50,000		(b) devoted to pos	ition			(d) compensation	ļ ` <i>'</i>		
ПОИ	٧E]							
				1							
									1		
				1							
				1					t		
				1							
Tota	ı number o	f other employees paid o	ver	\$50,000 .						0	
	-	, , ,			-	_	_				

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

Form 990-PF (2015) Part Y Minimum Investment Return

Fa	(All domestic foundations must complete this part. Foreign foundations, see instruction	s.)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,		
	purposes		
а	Average monthly fair market value of securities	1a	1,281,022
b	Average of monthly cash balances	1b	3,311,096
c	Fair market value of all other assets (see instructions)	1c	813
d	Total (add lines 1a, b, and c)	1d	4,592,931
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	4,592,931
4	Cash deemed held for charitable activities $$ Enter 1 $$ 1/2 $$ % of line 3 (for greater amount, see		
	ınstructions)	4	68,894
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	4,524,037
6	Minimum investment return. Enter 5% of line 5	6	226,202
Pai	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and cer check here ► □ and do not complete this part.)	taın fo	oreign organizations
1	Minimum investment return from Part X, line 6	1	226,202
2a	Tax on investment income for 2015 from Part VI, line 5 2a 455		
b	Income tax for 2015 (This does not include the tax from Part VI) 2b		
С	Add lines 2a and 2b	2c	455
3	Distributable amount before adjustments Subtract line 2c from line 1	3	225,747
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	225,747
6	Deduction from distributable amount (see instructions)	6	0
7	Distributable amountas adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	225,747
Par	Qualifying Distributions (see instructions)		·
1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	1,130,840
	Program-related investments—total from Part IX-B	1b	1,130,510
	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
_	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
		3b	
ь 4	Cash distribution test (attach the required schedule)	4	1,130,840
	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	 	1,130,840
5			^
•	Income Enter 1% of Part I, line 27b (see instructions)	5	1 1 3 0 8 4 0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,130,840
	the section 4940(e) reduction of tax in those years	ei tile	iounuation qualifies for

P	art XIII Undistributed Income (s	see instri	ıctıons)			
			(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1	Distributable amount for 2015 from Part XI	, line 7				225,747
2	Undistributed income, if any, as of the end of	of 2015				
а	Enter amount for 2014 only				0	
b	Total for prior years 20, 20,	20		0		
3						
а	•	1,300,432				
	From 2011	922,708				
c	From 2012	1,284,071				
d	From 2013	1,287,674				
е	From 2014	1,826,949				
f	Total of lines 3a through e		6,621,834			
4	Qualifying distributions for 2015 from Part					
	XII, line 4 🕨 \$ 1,130,840					
а	Applied to 2014, but not more than line 2a				0	
b	Applied to undistributed income of prior yea	rs		0		
	(Election required—see instructions)					
С	Treated as distributions out of corpus (Electrequired—see instructions)	tion	0			
d	Applied to 2015 distributable amount					225,747
е	Remaining amount distributed out of corpus		905,093			
5	Excess distributions carryover applied to 2	015	0			0
	(If an amount appears in column (d), the same amount must be shown in column ((a).)				
6	Enter the net total of each column as indicated below:					
а	Corpus Add lines 3f, 4c, and 4e Subtract li	ne 5	7,526,927			
	Prior years' undistributed income Subtract					
	line 4b from line 2b			0		
C	Enter the amount of prior years' undistribute	d				
	income for which a notice of deficiency has been issued, or on which the section 4942(a	- 1				
	tax has been previously assessed	,		0		
d	Subtract line 6c from line 6b Taxable amou					
	—see instructions			0		
е	Undistributed income for 2014 Subtract lin	e				
	4a from line 2a Taxable amount—see				0	
_	instructions				0	
f	Undistributed income for 2016 Subtract	_				
	lines 4d and 5 from line 1 This amount mus be distributed in 2015					0
7	Amounts treated as distributions out of					
	corpus to satisfy requirements imposed by					
	section 170(b)(1)(F) or 4942(g)(3) (Election		0			
	be required - see instructions)		0			
8	Excess distributions carryover from 2010 r		1,300,432			
0	applied on line 5 or line 7 (see instructions) Excess distributions carryover to 2016.	+				
3	Subtract lines 7 and 8 from line 6a		6,226,495			
10	Analysis of line 9					
	Excess from 2011	922,708				
		1,284,071				
c	Excess from 2013	1,287,674				
d	Excess from 2014	1,826,949				
е	Excess from 2015	905,093				

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

Part XV Supplementary Information(continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of A mount contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year See Additional Data Table 1,071,750 **b** Approved for future payment

Part XVI-A Analysis of Income-Produc	ing Activitie	S			Page 12
Enter gross amounts unless otherwise indicated	Unrelated bu	isiness income	Excluded by section	n 512, 513, or 514	(e) Related or exempt
1 Program service revenue	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	function income (See instructions)
a					mstructions)
b					
c					
d					
e f					
g Fees and contracts from government agencies					
2 Membership dues and assessments3 Interest on savings and temporary cash					
investments			14	1,257	
4 Dividends and interest from securities			14	22,201	
5 Net rental income or (loss) from real estate					
a Debt-financed propertyb Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
inventory					
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue a					
b					
c					
d e					
2 Subtotal Add columns (b), (d), and (e).		0		23,458	0
3 Total.Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify			:	13	23,458
Part XVI-B Relationship of Activities to		plishment of E	xempt Purpos	es	
Line No. Explain below how each activity for whithe accomplishment of the foundation's	ıch ıncome ıs re	ported ın column ((e) of Part XVI-A c	ontributed importa	
instructions)					

Pa	rt XVI		Information Re Noncharitable					sactio	ns and I	Relationships	With			
		organ	zation directly or in	ndırectly e	engage	ın any of t	the following w						Yes	No
	rganıza					()()	,		,	J .				
аΤ	ransfei	rs fron	n the reporting four	ndation to	a nonc	harıtable e	exempt organiz	zatıon of	:					
(1) Cas	sh										1a(1)		No
(2) Oth	ner as:	sets									1a(2)		No
_	ther tr											, ,		
			assets to a noncha	rıtable ex	empt or	rganizatioi	n					1b(1)		No
			s of assets from a									1b(2)		No
			facilities, equipme									$\overline{}$		No
			ement arrangemer									1b(4)		No
			loan guarantees.									1b(5)		No
			ce of services or m									1b(5)		No
												1c		No
	_		ilities, equipment, i to any of the above	_										140
ır		ansac	other assets, or section or sharing arr) Amount involved	angement	, show	ın column		of the go	ods, other		es receive	ed		nts
								1						
								-						
d	escribe	ed in s	cion directly or indi ection 501(c) of the plete the following of a) Name of organization	ne Code (d schedule		an sectioi		rın sect			otion of relati		es 🔽	No
Sig: Her	the Inf	e best format ***	enalties of perjury, of my knowledge a ion of which prepar *** ature of officer or t	ind belief, er has an	ıt ıs tru	ıe, correct		e Decla			May t May t return with t below	r) is bas he IRS di he prepai	sed on scuss th	all us vn
		, <u> </u>			1			1.		12		nstr)? ✓	resi N	10
			nt/Type preparer's 'AYLA HOOFMAN	name	Prepa	rer's Sıgn	ature	Date 201	6-03-31	Check if self- employed ►	PTIN	014500)67	
Use	pare	r ABI	n's name ► ROMS & ASSOCIA	TES PC						Firm's EIN 🕨 6	3-113009	7		
Onl	У	1	Firm's address •									10		
		PO BOX 1426 FLORENCE, AL 35631 Phone no (256) 767-0740									ŧ U			

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual,	Foundation	Purpose of grant or	A mount
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	
a Paid during the year				
ADOPT A GOLDEN KNOXVILLE PO BOX 11822 KNOXVILLE,TN 37939	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	10,000
ALLIANCE FOR WOMEN IN MEDIA FOUNDATION 2365 HARRODSBURG RD STE A325 LEXINGTON,KY 40504	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	14,000
AMERICAN HEART ASSOCIATION 4708 PAPERMILL DRIVE KNOXVILLE,TN 37909	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	10,000
BROADWAY CARES EQUITY FIGHTS AIDS 165 WEST 46TH STREETSTE 1300 NEW YORK,NY 10036	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	3,250
BOYS & GIRLS CLUB 1100 MARION STREET SUITE 100 KNOXVILLE,TN 37921	NONE	PUBLIC CHARITY	BENEVELENT DONATION	10,000
CHILDHELP USA 2505 KINGSTON PIKE KNOXVILLE,TN 37919	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	20,000
EMERALD YOUTH FOUNDATION 1718 N CENTRAL STREET KNOXVILLE,TN 37917	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	20,000
FRIENDS OF THE SMOKIES 160 SOUTH MAIN STREET WAYNESVILLE, NC 28786	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	35,650
GREAT SMOKY MOUNTAIN COUNCIL BSA PO BOX 51885 KNOXVILLE,TN 37950	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	5,000
HABITAT FOR HUMANITY PO BOX 27478 KNOXVILLE,TN 37927	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	50,000
KNOXVILLE MUSEUM OF ART 1050 WORLDS FAIR PARK KNOXVILLE,TN 37916	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	9,100
KNOX AREA RESCUE MINISTRY PO BOX 3310 KNOXVILLE,TN 37927	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	5,000
KNOXVILLE YOUNG LIFE PO BOX 647 KNOXVILLE,TN 37901	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	10,000
MARCH OF DIMES 322 NANCY LANE SUITE 11 KNOXVILLE,TN 37919	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	10,000
NATIONAL FOOTBALL FOUNDATION 433 LAS COLINAS BLVD EAST STE 1130 IRVING,TX 75039	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	10,000
Total			▶ 3a	1,071,750

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
SALVATION ARMY 409 N BROADWAY STREET KNOXVILLE,TN 37917	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	5,000
SERTOMA CENTER 1400 E 5TH AVENUE KNOXVILLE,TN 37917	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	1,250
THE LEGENDS GROUP PO BOX 13914 BIRMINGHAM,AL 35207	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	2,500
THE NEXT DOOR PO BOX 23336 NASHVILLE,TN 37202	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	2,500
UNICEF 125 MAIDEN LANE 11TH FLOOR NEW YORK,NY 10038	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	170,500
UNIVERSITY OF MIAMI PO BOX 248073 CORAL GABLES,FL 33124	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	150,000
UNIVERSITY OF TN MEDICAL CTR 2121 MEDICAL CENTER WAY STE 110 KNOXVILLE,TN 37920	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	500,000
VARIETY THE CHILDREN'S CHARITY 7132 REGAL LANE KNOXVILLE,TN 37918	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	12,000
WOMEN ONE 19 E 88TH STREET 9C NEW YORK,NY 10128	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	6,000
Total			▶ 3a	1,071,750

TY 2015 Accounting Fees Schedule

Name: THE CHARLIE & MOLL ANDERSON FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	2,655	31		2,624

DLN: 93491097000236

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2015 Depreciation Schedule

Name: THE CHARLIE & MOLL ANDERSON FOUNDATION

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
COMPUTER & SOFTWARE	2014-06-01	1,190	139	200DB	5 000000000000	238	0		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491097000236

TY 2015 Investments Corporate Stock Schedule

Name: THE CHARLIE & MOLL ANDERSON FOUNDATION

Name of Stock	End of Year Book Value	End of Year Fair Market Value
21,327 SHARES OF SUNTRUST BANK	1,374,639	913,649
5,737 SHARES OF HIBBETT SPORTING GOODS	50,558	173,487
1,800 SHARES OF WALGREEN CO	73,294	153,279

TY 2015 Land, Etc. Schedule

Name: THE CHARLIE & MOLL ANDERSON FOUNDATION

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
COMPUTER & SOFTWARE	1,190	377	813	

TY 2015 Other Expenses Schedule

Name: THE CHARLIE & MOLL ANDERSON FOUNDATION

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK FEES	150	2		148
CONTRACT LABOR	30,000	348		29,652
ADVERTISING	240	3		238
MISCELLANEOUS EXPENSE	193	2		190
OFFICE SUPPLIES	108	1		107
POSTAGE	12	0		12



TY 2015 Other Increases Schedule

Name: THE CHARLIE & MOLL ANDERSON FOUNDATION

Description	Amount
A FIXED ASSET WAS INADVERTENTLY OMITTED FROM 2014 RETURN	1,053

TY 2015 Taxes Schedule

Name: THE CHARLIE & MOLL ANDERSON FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAX	403	0		0

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THE CHARLIE & MOLL ANDERSON FOUNDATION

As Filed Data -

DLN: 93491097000236

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2015

Employer identification number

62-1705076

	02 1733770
Organization type (ch	ieck one)
Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)() (enter number) organization
	☐ 527 political organization
Form 990-PF	√ 501(c)(3) exempt private foundation
	□ 501(c)(3) taxable private foundation
	zation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or r) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
under sections received from a	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /3% support test of the regulations 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that iny one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, or (ii) Form 990-EZ, line 1 Complete Parts I and II
during the year	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or on of cruelty to children or animals. Complete Parts I, II, and III
during the year this box is chec purpose Do no	ition described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If sked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., to complete any of the parts unless the General Rule applies to this organization because it received nonexclusively able, etc., contributions totaling \$5,000 or more during the year

990-EZ, or 990-PF)

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

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

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its

Name of organization
THE CHARLIE & MOLL ANDERSON FOUNDATION

Employer identification number 62-1795976

Part I	Contributors (see instructions) Use duplicate copies of Part I if add	itional space is needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of con	
1	CHARLES C ANDERSON JR		Person Payroll	ᄃ
	265 BROOKVIEW TOWN CENTRE WAYSTE 50 KNOXVILLE, TN 37919	\$ 2,000,000	Noncash	,
	NNO AVILLE, INSTAGE		(Complete Part II to contributions)	for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of con	
			Person	Г
		\$	Payroll	Γ
			Noncash (Complete Part II t	for noncash
(a)	(b)	(c)	contributions)	
No.	Name, address, and ZIP + 4	Total contributions	Type of con Person	tribution
			Payroll	,
		<u> </u>	Noncash	Г
			(Complete Part II to contributions)	for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of con	
			Person	Г
		\$	Payroll	Γ
			Noncash	Γ
			(Complete Part II to contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of con	
			Person	Γ
		\$	Payroll	_ _
			Noncash (Complete Part II to contributions)	f for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of con	
			Person	Г
		s	Payroll	Г
			Noncash (Complete Part II	for noncash
			contributions)	or noncasii

Name of organization		Employer identification number	
HE CHARLIE & M	IOLL ANDERSON FOUNDATION	62-1795976	
Part II	Noncas h 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
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
(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
		<u> </u>	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

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

hedule B (Form 990,	990-EZ, or 990-PF) (2015)		Page 4		
e of organization CHARLIE & MOLL ANDERSON FOUNDATION			Employer identification number 62-1795976		
total more line entry. of \$1,000 o	than \$1,000 for the year from any o	ne contributor. Complete co II, enter the total of exclusiv mation once. See instruction	ribed in section 501(c)(7), (8), or (10) that plumns (a) through (e) and the following ely religious, charitable, etc., contributions		
(a) o.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
. =	(e) Transfer of gift Transferee's name, address, and ZIP4 Relationship of transferor to transferee				
(a) o.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP4 Relationship of transferor to transferee				
(a) .from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
. -	(e) Transfer of gift Transferee's name, address, and ZIP4 Relationship of transferor to transferee				
(a) .from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
· =		(e) Transfer of g	ft		
-	Transferee's name, address, and	, ,	Relationship of transferor to transferee		
			-		