

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



## SCANNED MAY 2 3 2016

Form **990-PF**Department of the Treasury
Internal Revenue Service

**Return of Private Foundation** 

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

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

OMB No 1545-0052 **2015**Open to Public Inspection

For	calen	dar year 2015 or tax year beginning		, and ending	1	
		foundation			A Employer identification	number
D	EU	PREE FAMILY FOUNDATION	(2155000180)			
R	EG	IONS BANK, TRUSTEE			62-6334424	·
Nur	nber a	nd street (or P O box number if mail is not delivered to street	t address)	Room/suite	B Telephone number	
1	10	0 RIDGEWAY LOOP		100	901-861-76	00
Cit	y or to	own, state or province, country, and ZIP or foreign p	oostal code		C If exemption application is p	ending, check here
M	EM	PHIS, TN 38120				
G	Check	all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	s, check here
-		Final return	Amended return			
		Address change	Name change		2 Foreign organizations me check here and attach co	eting the 85% test,
H (	Check	type of organization: X Section 501(c)(3) ex			  E   If private foundation sta	
П	_	• • • • • • • • • • • • • • • • • • • •	Other taxable private founda	tion	under section 507(b)(1)	
L F		rket value of all assets at end of year J Account		Accrual	F If the foundation is in a	
		·   —	ther (specify)		under section 507(b)(1)	
	\$	4,808,942. (Part I, colu	ımn (d) must be on cash b	pasis.)		(b), oncon note
	art I	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
<u></u>		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
_	1	Contributions, gifts, grants, etc., received	48,023.		N/A	
	2	Check In the toundation is not required to attach Sch. B			,	
	3	Interest on savings and temporary cash investments	, ,			
	4	Dividends and interest from securities	48,059.	48,059.		STATEMENT 1
	"	Gross rents	2070031	20/0000		
	b	Net rental income or (loss)				
	-	Net gain or (loss) from sale of assets not on line 10	41,267.			- 4 - 11 (CE)
ne	, Oa	Gross sales price for all 73 / 21	11/20/1	<del></del>	R	ECEIVED
Revenue	7	assets on line 6a // 3 / 4 2 1 •  Capital gain net income (from Part IV, line 2)		41,267.	P	38
æ	8	Net short-term capital gain		41/20/6	M 18	AY 1 6 2016 9
	9	Income modifications			8	AY 1 6 2016 9
	10a	Gross sales less returns		·	\ <u></u>	
	1 .	and allowances Less Cost of goods sold			9	GDEN, DI
	l l	Gross profit or (loss)	† · · · · · · · · · · · · · · · · · · ·	<del> </del>		
	11	Other income	···	<del></del>		
	12	Total. Add lines 1 through 11	137,349.	89,326.		
_	13	Compensation of officers, directors, trustees, etc	27,228.	13,614.		13,614.
	14	Other employee salaries and wages	<u> </u>			
		Pension plans, employee benefits				
es	160	Legal fees				
Sue	h	Accounting fees STMT 2	175.	175.		0.
Š	ءَ ا	Other professional fees				
ē	17	Interest		·		
Operating and Administrative Expense	18	Taxes STMT 3	771.	771.		0.
str	19	Depreciation and depletion		, , 2. •		
Ë	20	Occupancy				
Adn	21	Travel, conferences, and meetings	· · · ·			
Ď	22	Printing and publications			·	
ā	23	Other expenses	· · · · · ·			
Ę	24	Total operating and administrative				
era	-	expenses. Add lines 13 through 23	28,174.	14,560.		13.614.
Ö	25	Contributions, gifts, grants paid	220,098.			13,614. 220,098.
		Total expenses and disbursements				
	-	Add lines 24 and 25	248,272.	14,560.		233,712.
	27	Subtract line 26 from line 12:				
	1	Excess of revenue over expenses and disbursements	-110,923.			
	1	Net investment income (if negative, enter -0-)		74,766.		
	1	Adjusted net income (if negative, enter -0-)			N/A	
	<u></u>					

DEUPREE FAMILY FOUNDATION (2155000180)

For	m 99	00-PF (2015) REGIONS BANK, TRUSTEE	Beginning of year		-6334424 Page 2 of year
P	art	Balance Sheets   Attached schedules and amounts in the description   Column should be for end-of-year amounts only			<del>, '                                     </del>
_	1		(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	· · · · · · · · · · · · · · · · · · ·			
	3	Accounts receivable -			
		Less: allowance for doubtful accounts ▶		· <del></del>	
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable		-	
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts ▶			
S	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments - U.S. and state government obligations			
	1	Investments - corporate stock STMT 5	2,860,142.	2,742,885.	4,808,942.
	1	Investments - corporate bonds			
	1	Investments - land, buildings, and equipment basis		· · · · · · · · · · · · · · · · · · ·	
	''	Less accumulated depreciation			
	12	Investments - mortgage loans		<del></del>	
	1	Investments - other			
	13		·- ·- ·-		
	14	Land, buildings, and equipment: basis			
	١	Less accumulated depreciation			<del> </del>
	1	Other assets (describe			
	16	Total assets (to be completed by all filers - see the	2 000 142	2 742 005	4 000 040
	<u> </u>	instructions. Also, see page 1, item I)	2,860,142.	<u>2,742,885</u> .	4,808,942.
	17	Accounts payable and accrued expenses		12,921.	<u>-</u>
	18	Grants payable			4
es	19	Deferred revenue			4
Liabilities	F	Loans from officers, directors, trustees, and other disqualified persons	<del></del>		4
jab	i	Mortgages and other notes payable			4
_	22	Other liabilities (describe )		<del></del>	4
	23	Total liabilities (add lines 17 through 22)	0.	12,921.	4
		Foundations that follow SFAS 117, check here			
۰,		and complete lines 24 through 26 and lines 30 and 31.			
ĕ	24	Unrestricted			
<u>a</u>	25	Temporarily restricted			
Fund Balances	26	Permanently restricted			
핕		Foundations that do not follow SFAS 117, check here			
		and complete lines 27 through 31.			
s or	27	Capital stock, trust principal, or current funds	2,756,496.	2,756,496.	
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Net Assets	29	Retained earnings, accumulated income, endowment, or other funds	103,646.	-26,532.	,
Ě	30	Total net assets or fund balances	2,860,142.	2,729,964.	
_					]
	31	Total liabilities and net assets/fund balances	2,860,142.	2,742,885.	,
E					<u>.</u>
Р	art	III Alialysis of Changes in Net Assets of Fulld ba			
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line 3	30		
		st agree with end-of-year figure reported on prior year's return)		1	2,860,142.
2	•	r amount from Part I, line 27a		2	-110,923.
3		r increases not included in line 2 (itemize)		3	0.
4		lines 1, 2, and 3	*	4	2,749,219.
5		eases not included in line 2 (itemize)	SEE STA	TEMENT 4 5	19,255.
-		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co		6	2,729,964.
					Form <b>990-PF</b> (2015)

Form 990-PF (2015) <b>REGI</b>	REE FAMILY FOUN ONS BANK, TRUST	EE		018	0)	6	2-633	4424	Page 3
(a) List and describ	nd Losses for Tax on Ir e the kind(s) of property sold (e.g house; or common stock, 200 sha	,, real estate,	income	( <b>b)</b> Ho P - F D - I	w acquired Purchase Donation	(c) Date (mo., d	acquired lay, yr.)	(d) Date (mo., da	
1a							·		
b SEE ATTACHED	STATEMENT	<del></del>							
С							·		
d									
е		<u> </u>		L					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis xpense of sale				ain or (loss) s (f) minus (		
a									
b									
С			·						
d									
e 73,421.			32,15	4.					267.
Complete only for assets showing				_			Col. (h) gain not less thar		
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any			Losses	(from col. (	h))	·
a									
b									
С			_ <del>_</del>						
d			<u> </u>						
e		<u> </u>						41,	<u> 267.</u>
2 Capital gain net income or (net capit	tal loss) $\begin{cases} & \text{if gain, also enter} \\ & \text{if (loss), enter -0} \end{cases}$	r ın Part I, line )- ın Part I, line	7 7	}	2			41,	267.
3 Net short-term capital gain or (loss) If gain, also enter in Part I, line 8, co		nd (6):		}			<b></b> /-		
If (loss), enter -0- in Part I, line 8  Part V Qualification Unit	der Costion 4040(a) for	· Dodugod	Tay on Not	Invo	3   etmont Inc	omo	N/A		
					sunent inc	onie			
(For optional use by domestic private fo	oundations subject to the section	4940(a) tax on	net investment ir	ncome.)					
If section 4940(d)(2) applies, leave this	s part blank.								
Was the foundation liable for the section If "Yes," the foundation does not qualify	under section 4940(e). Do not co	omplete this pa	rt.					Yes L	X No
1 Enter the appropriate amount in each	ch column for each year; see the i	nstructions be	fore making any e	entries.					
(a) Base period years Calendar year (or tax year beginning	(b) Adjusted qualifying dis	stributions	Net value of no	(c) oncharita	able-use assets		Distrib (col. (b) div	(d) ution ratio ided by col. (	(c))
2014		3,510.		4,	289,602			.06	3761
2013		9,535.		3,	213,668	•			55866
2012	16	7,209.		2,	<u>498,878</u>	•		.06	<u> 6914</u>
2011	15	31,392.		2,	632,554	•		.05	<u> 7508</u>
2010	13	88,405.		2,	<u>539,383</u>	•	_	.05	<u> 4503</u>
2 Total of line 1, column (d)						2		.29	8552
3 Average distribution ratio for the 5-y	year base period - divide the total	on line 2 by 5,	or by the number	of years	S				
the foundation has been in existence						3		.05	<u> 9710</u>
4 Enter the net value of noncharitable	-use assets for 2015 from Part X,	line 5				4		4,516,	142.
5 Multiply line 4 by line 3						5		269,	659.
6 Enter 1% of net investment income	(1% of Part I, line 27b)					_ 6			748.
7 Add lines 5 and 6						7		270,	407.

233,712.

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.

8 Enter qualifying distributions from Part XII, line 4

DEUPREE FAMILY FOUNDATION (2155000180) REGIONS BANK, TRUSTEE Form 990-PF (2015) Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions) Part Vi 1a Exempt operating foundations described in section 4940(d)(2), check here 
and enter "N/A" on line 1. Date of ruling or determination letter: \_\_ (attach copy of letter if necessary-see instructions) 1,495. b Domestic foundations that meet the section 4940(e) requirements in Part V, check here land enter 1% 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-) 3 3 Add lines 1 and 2 4 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-Credits/Payments: 3,606. a 2015 estimated tax payments and 2014 overpayment credited to 2015 6a b Exempt foreign organizations - tax withheld at source 6b 6с c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 3,606. 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here \_\_\_\_ if Form 2220 is attached Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 2.111 10 11 Enter the amount of line 10 to be: Credited to 2016 estimated tax Part VII-A | Statements Regarding Activities Yes No 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in X 1a any political campaign? X 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. X c Did the foundation file Form 1120-POL for this year? 10 d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 0. (1) On the foundation. ▶ \$ (2) On foundation managers. ► \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation 0. managers. > \$ X 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 incorporation, or X bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes X 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a N/A b If "Yes." has it filed a tax return on Form 990-T for this year? 4b X 5 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 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 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law X remain in the governing instrument? 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 8a Enter the states to which the foundation reports or with which it is registered (see instructions) 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) X of each state as required by General Instruction G? If "No," attach explanation 86

Form **990-PF** (2015)

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

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

4a

X

Yes X No

N/A

during the year?

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Form 4720, to determine if the foundation had excess business holdings in 2015)

had not been removed from jeopardy before the first day of the tax year beginning in 2015?

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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

DEUPREE FAMILY FOUNDATION (2155000180) 62-6334424 Form 990-PF (2015) REGIONS BANK, TRUSTEE Page 6 Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required (continued) 5a During the year did the foundation pay or incur any amount to: Yes X No (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, Yes X No any voter registration drive? Yes X No (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section Yes X No 4945(d)(4)(A)? (see instructions) (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for Yes X No the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? N/A 5b Organizations relying on a current notice regarding disaster assistance check here c If the answer is "Yes" to guestion 5a(4), does the foundation claim exemption from the tax because it maintained Yes No N/A expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53 4945-5(d) 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on Yes X No a personal benefit contract? 6b X b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870. Yes X No 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7b b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (d) Contributions to employee benefit plans and deferred compensation (b) Title, and average hours per week devoted (c) Compensation (e) Expense account, other (If not paid, enter -0-) (a) Name and address to position allowances 27,228 0 0. SEE STATEMENT 6 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other (b) Title, and average (a) Name and address of each employee paid more than \$50,000 hours per week devoted to position (c) Compensation allowances NONE

Form **990-PF** (2015)

Total number of other employees paid over \$50,000

DEUPREE FAMILY FOUNDATION (2155000180)

Form 990-PF (2015) REGIONS BANK, TRUSTEE	62-6	334424 Page 7
Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	ation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Part IX-A   Summary of Direct Charitable Activities		0
List the foundation's four largest direct charitable activities during the tax year. Include relevant state number of organizations and other beneficiaries served, conferences convened, research papers pro		Expenses
2		
3		
4		
Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year or	lines 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions. 3		
Total, Add lines 1 through 3	<b>&gt;</b>	0.

Form **990-PF** (2015

Page 8

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions.)
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	4,584,916.
b	Average of monthly cash balances	1b	
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	4,584,916.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	4,584,916.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	68,774.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	<u>4,516,142.</u>
6	Minimum investment return Enter 5% of line 5	6	<u>225,807.</u>
Р	foreign organizations check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	225,807.
2a	1 405		
b	Income tax for 2015. (This does not include the tax from Part VI.)	İ	
C		2c	1,495.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	224,312.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	224,312.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	224,312.
P	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		222 712
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	233,712.
b		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	<del></del>
3	Amounts set aside for specific charitable projects that satisfy the:		
а		3a	
b	,	3b	222 712
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	233,712.
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	5	233,712.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
	Note. The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the foundation (	aualities to	r the section

Form **990-PF** (2015)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2014	2014	2015
1 Distributable amount for 2015 from Part XI, line 7				224,312.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010 11,516.				
b From 2011 20,044.				
c From 2012 44,117.				
d From 2013 23,765.				
e From 2014 61,658.	161 100			
f Total of lines 3a through e	161,100.	***		
4 Qualifying distributions for 2015 from				
Part XII, line 4: ►\$ 233,712.			0.	
a Applied to 2014, but not more than line 2a			U •	
<b>b</b> Applied to undistributed income of prior		0.		
years (Election required - see instructions)				
c Treated as distributions out of corpus	0.			
(Election required - see instructions)	<u> </u>			224,312.
d Applied to 2015 distributable amount	9,400.	<del>-</del>		244,314.
e Remaining amount distributed out of corpus	9,400.		<del></del>	0.
5 Excess distributions carryover applied to 2015 (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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	170,500.			
<b>b</b> Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'	1			
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2014. Subtract line			0	
4a from line 2a. Taxable amount - see instr.			0.	=
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must				0.
be distributed in 2016 7 Amounts treated as distributions out of			<del></del>	<del></del>
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2010				7
not applied on line 5 or line 7	11,516.			
9 Excess distributions carryover to 2016	11/3201		<del></del>	
Subtract lines 7 and 8 from line 6a	158,984.			
10 Analysis of line 9:	20072021			
<b>a</b> Excess from 2011 20,044.				
<b>b</b> Excess from 2012 <b>44</b> , <b>117</b> .				
c Excess from 2013 23, 765.				
d Excess from 2014 61,658.				
e Excess from 2015 9, 400.				
				Form 000-DE (0015)

DEUPREE FAMILY FOUNDATION (2155000180) 62-6334424 Page 10 Form 990-PF (2015) TRUSTEE REGIONS BANK Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling 4942(j)(5) 4942(i)(3) or b Check box to indicate whether the foundation is a private operating foundation described in section Prior 3 years Tax year 2 a Enter the lesser of the adjusted net (e) Total (b) 2014 (c) 2013 (d) 2012 (a) 2015 income from Part I or the minimum investment return from Part X for each year listed **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 e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year 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 Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets Part XV at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) SEE STATEMENT 7 b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: \_\_\_ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed: REGIONS BANK, TRUST DEPT., 901-818-7600 1100 RIDGEWAY LOOP, SUITE 100, MEMPHIS, TN 38120 b The form in which applications should be submitted and information and materials they should include: LETTER STATING CHARITABLE PURPOSE c Any submission deadlines: d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors: FUNDING IS GENERALLY LIMITED TO ORGANIZATIONS IN THE MEMPHIS AREA.

Form **990-PF** (2015)

Total		► 3a	220,098,
b Approved for future payment			
NONE.			
NONE			
			_
	 -		
Total	 	▶ 3b	0.

Dark VV/I A	A I	:4	1	Duaduaina	A -4::4:
Part XVI-A	Anaiy	ysis oi	income	-Producing	ACTIVITIES

Enter gross amounts unless otherwise indicated.	Unrelated b	usiness income		y section 512, 513, or 514	(e)
g. coo a	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	711100111	code	Amount	—————
a	-				<del> </del>
b					
C					
d					
e					·
f					
g Fees and contracts from government agencies	_	_			
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities		<del></del>	14	48,059.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property		_			
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income	_				
8 Gain or (loss) from sales of assets other		_			<del></del>
than inventory			18	41,267.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:				-	
a					
b	-	· · ·			
c					•
d		<u> </u>			
e					
12 Subtotal. Add columns (b), (d), and (e)			).	89,326.	0.
13 Total. Add line 12, columns (b), (d), and (e)	<u> </u>			13	89,326.
(See worksheet in line 13 instructions to verify calculations.)				_	
Part XVI-B Relationship of Activities	to the Accom	plishment of	Exempt P	urposes	
Line No Explain below how each activity for which inc the foundation's exempt purposes (other than				I importantly to the accomp	lishment of

NO 7	the fo	undation's	exempt pu	poses (ot	her than by	providing fu	nds for such	ourposes).		 	 -
							_				
									-		
-	-						<del></del> .			<del></del>	
-+	_						<del></del>	******			
+									_	<del></del>	 
	**										
<u> </u>											
_								<u></u>			 
_					<u> </u>						 
_											 _
-	_										 _
	<del>-</del>										 _
					-					<del></del>	 -
	_										

Form 99			NS BAN				eactions a	and Relation	62- nships With Nor	6334424		ige <u>13</u>
<u> </u>	<u> </u>	Exempt Organ		Hallsi	ieis io	anu man	sacuons a	illu nelalio	iisiiips witti ivoi	ICHAHLADI	<del>5</del>	
1 Dic	the or	ganization directly or indi		in any of	the following	ng with any ot	her organizatio	on described in s	ection 501(c) of		Yes	No
		other than section 501(c										
	,	from the reporting found		-								l
(1)	Cash									1a(1)		Х
(2)	Other	assets								1a(2)		X
<b>b</b> Oth	ner tran	sactions:										
(1)	Sales	of assets to a noncharita	ible exempt or	ganızatıo	n					1b(1)		_X
		nases of assets from a no			anization					1b(2)	$\vdash$	X
		I of facilities, equipment,		ts						1b(3)		X
		bursement arrangements	i							1b(4)	$\vdash$	X
		s or loan guarantees	amharahin ar f	inndealain	a coloutatio	000				1b(5)	-	X
		rmance of services or me f facilities, equipment, ma								1b(6)	-	X
	-	ver to any of the above is					(h) should alv	ways show the fa	ur market value of the o		LI sets	
		s given by the reporting f			_			-			,,,,	
		) the value of the goods,						•		·		
(a) Line r	10	(b) Amount involved	(c) N	ame of no	oncharitable	e exempt orga	inization	(d) Descrip	tion of transfers, transaction	ns, and sharing ar	rangeme	nts
					N/A							
	_											
	_		<del> </del>		-,							
			<del> </del>	_				+				
	+	<del></del>	<del> </del>					-				
	_				<u> </u>			+				
	_		<del>                                     </del>					<del> </del>	<del></del>			
	$\neg$		<del>                                     </del>		<u>.</u>	-				······		
		···						<u> </u>				
						-	<del>-</del>					
			L									
		ndation directly or indirec	•	•			exempt organiz	zations described	İ		Г <del></del> -	٦.
		501(c) of the Code (other		501(c)(3	)) or in sect	tion 527?				Yes	LX	No
<u> </u>	<u>yes," cc</u>	mplete the following sch (a) Name of org				(h) Type of	organization		(c) Description of rel	ationshin		
		N/A	janization			(b) Type of	Ol garrization		(b) Description of tel	ationamp		
		N/A			-							-
		<del></del>										
	_											
		penalties of perjury, I declare illef, it is true, correct, and cor								May the IRS		
Sign	and be		/	on or prepa	arer (orner ma	in taxpayer) is ba				return with the shown below		
Here		Regions					146	TRUS'	TEE	_	. L	No
	Sign	ature of officeByr trustee		1 -	)	Date	· ··	Title	Chaok	DTIN		
		Print/Type preparer s	anne		reparer's s	signature		Date	Check   if   self- employed	PTIN		
Paid		י פי חדענגרו	ONEC	$\Box$	<b>\</b>	0/	_a~	5-10-18		DUUCEU	<b>01</b> 2	
Prep	arer	DAVID B. J Firm's name ► WAT		IBER		PLLC		7 . N. 1 g	Firm's EIN ► 62	P00669		
Use		i ii ii s ii aiii e waa I	KIND O	TUHK	auu,	T THC /			THINISLIN P Q2	10042	<i>J</i> <u>2</u>	
	-	Firm's address ▶ 16	61 AAR	ON B	RENNE	R DR.,	STE 3	00		<del></del> -		

523622 11-24-15

Phone no. (901) 761-2720

Form **990-PF** (2015)

MEMPHIS, TN 38120

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

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and

Schedule of Contributors

its instructions is at www.lrs.gov/form990

OMB No 1545-0047

**Employer identification number** 

Name of the organization

DEUPREE FAMILY FOUNDATION (2155000180)

REGIONS BANK, TRUSTEE 62-6334424 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. General Rule K For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II See instructions for determining a contributor's total contributions **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 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 received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

DEUPREE FAMILY FOUNDATION (2155000180)

REGIONS BANK, TRUSTEE

Employer identification number

62-6334424

Part   Contributors (see instructions)	Use duplicate copies of Part I if additional space is needed
--	--

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	REED DEUPREE  309 NORTHWAY  BALTIMORE, MD 21218	\$15,341.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	WILLIAM W DEUPREE III (WILL)  505 GOODWYN  MEMPHIS, TN 38111	\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Oncash 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)

Name of organization

Employer identification number

DEUPREE FAMILY FOUNDATION (2155000180)

62-6334424

	Noneach Droporty (see instructions). Her duplicate copies of Part II	if additional space is pooded	
ırt II	Noncash Property (see instructions) Use duplicate copies of Part II	ii auditional space is needed	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
art I	20 SH ALPHABET INC CAP STK CL A		
_1		-	
		\$ 15,341.	12/28/15
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	200 SH FACEBOOK 1/2/15 FMV \$13,400; 100 SH APPLE 12/24/15 FMV \$10,614	_	
		\$24,014.	01/02/15
(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
		_	
		- -	
		\$	

Name of org	anization			Employer identification number				
	EE FAMILY FOUNDATION (2 NS BANK, TRUSTEE			62-6334424				
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete c	columns (a) through (e) and the follo	wing line entry. For organization	ns .				
	completing Part III, enter the total of exclusively religious.  Use duplicate copies of Part III if addition.	s, charitable, etc., contributions of \$1,000 o al space is needed	r tess for the year (Enterthis into one	ce) • • • • • • • • • • • • • • • • • • •				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
		(e) Transfer of gif	t					
_	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how grft is held				
	(e) Transfer of gift							
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held				
		(e) Transfer of git	tt .					
	Transferee's name, address, ar	Relationship of tra	ansferor to transferee					
(a) Na			<del></del>					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
		(a) Transfer of air						
	Transferee's name, address, a	(e) Transfer of gift						
-	Transieree's name, address, at	TO LIF TY	Relationship of transferor to transferee					
:								

Part IV   Capital Gains and Lo	sses for Tax on Investment Income				
	describe the kind(s) of property solution describe the kind(s) of property solution warehouse, or common stock, 20		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a LONG TERM CAP	GAIN DIVS		P	VARIOUS	12/31/15
b APOLLO GLOBAL			P		01/05/15
	SH		P		12/28/15
d CEDAR FAIR LP					01/05/15
e FACEBOOK INC 4					12/28/15
f ALPHABET INC C					12/28/15
g FACEBOOK INC 1					01/07/15
h					
_1		7			
k					
1					
<u>m</u>					
n				_	
0					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		Gain or (loss) lus (f) minus (g)	
a 15,543.					15,543.
b 4,519.		2,158.			2,361.
c 10,614.		10,848.			-234.
d 9,616.		5,508.			4,108.
e 4,388.		4,406.			-18.
15,341.		6,023.			9,318.
g 13,400.		3,211.			10,189.
h					
1					
1					
k					
1			<del></del>		
<u>m</u>					
n					
O Complete only for constant about	a new an entire (b) and arread by the	he foundation on 10/21/00			
Complete only for assets snowin	g gain in column (h) and owned by t	<del></del>		ses (from col. (h)) of col. (h) gain over	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		ot less than "-0-")	
a					<u> 15,543.</u>
b					2,361.
<u>c</u>					-234.
d					4,108.
<u>e</u>					-18.
f					9,318.
9					10,189.
<u>h</u>					
1			<u></u>		<del></del>
-					
<u>k</u>					
<u> </u>					
m n					
<u>n</u>		<del></del>			
0				<del></del>	<del></del>
2 Capital gain net income or (net ca	pital loss) { If gain, also enter "-0	in Part I, line 7	2		41,267.
		, I	-		<del>-</del> -1201•
3 Net short-term capital gain or (los if gain, also enter in Part I, line 8,		0 (6):			
If (loss), enter "-0-" in Part I, line 8			3	N/A	

			<del></del>		
FORM 990-PF D	IVIDENDS	AND INTER	EST FROM SEC	URITIES S	STATEMENT :
	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVENUE		
DIVIDENDS	48,059.	-	0. 48,05	9. 48,059.	
TO PART I, LINE 4	48,059.		48,05	9. 48,059.	
FORM 990-PF		ACCOUNTI	NG FEES	S	STATEMENT 2
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLI PURPOSES
ACCOUNTING FEES		175.	175	•	0 .
TO FORM 990-PF, PG 1, 1	LN 16B	175.	175	•	0
FORM 990-PF		TAX	ES	S	STATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLI PURPOSES
FOREIGN TAXES		771.	771	•	0 .
TO FORM 990-PF, PG 1,	LN 18	771.	771		0
FORM 990-PF OTHER D	ECREASES	IN NET AS	SETS OR FUND	BALANCES S	TATEMENT 4
DESCRIPTION					AMOUNT
EXCESS OF FMV OVER BAS	IS OF SE	CURITIES C	ONTRIBUTED		19,255
TOTAL TO FORM 990-PF,					19,255

FORM 990-PF	CORPORATE STOCK		STAT	EMENT 5	
DESCRIPTION		BOOK VALU		MARKET ALUE	
OTHER INVESTMENTS		2,742,8	85. 4	,808,942.	
TOTAL TO FORM 990-PF, PART II, L	INE 10B	2,742,8	85. 4	4,808,942	
	ST OF OFFICERS, I		STAT	EMENT 6	
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB		
REGIONS BANK, TRUST DEPT. 1100 RIDGEWAY LOOP, SUITE 100 MEMPHIS, TN 38120	SUCCESSOR TRU	STEE 18,228.	0.	0.	
WILLIAM W DEUPREE, JR (BILL) 2908 NATCHEZ LANE MEMPHIS, TN 38111	TRUST ADVISOR 1.00	COMMITTEE 0.	0.	0.	
REBECCA DEUPREE 16 GROUPER HOLE BOCA GRANDE, FL 33921	TRUST ADVISOR 1.00	COMMITTEE 3,000.	0.	0.	
WILLIAM W DEUPREE III (WILL) 505 GOODWYN MEMPHIS, TN 38111	TRUST ADVISOR	COMMITTEE 0.	0.	0 .	
REED DEUPREE 309 NORTHWAY BALTIMORE, MD 21218	TRUST ADVISOR	COMMITTEE 0.	0.	0.	
ROBERTA DEUPREE 1314 S CHARLES STREET BALTIMORE, MD 21230	TRUST ADVISOR	COMMITTEE 3,000.	0.	0	
ANGELA KAYE DEUPREE 505 GOODWYN MEMPHIS, TN 38111	TRUST ADVISOR	COMMITTEE 3,000.	0.	0.	
TOTALS INCLUDED ON 990-PF, PAGE	6, PART VIII	27,228.	0.	0 .	

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT

7

NAME OF MANAGER

WILLIAM W DEUPREE III (WILL) ANGELA KAYE DEUPREE

Royal Palm Players

102 CHA	RITABLE DEDUCTION - CURRENT INCOME		
01/02/15	REVERSAL - NEGATES PREVIOUS ENTRY DISTRIBUTION TO ATLANTA NATURE CONSERVANCY RE: DEUPREE FAMIL Y FOUNDATION 2014 DONATION PER CLIENT REQUEST [REVERSED 01/0 2/2015] TR TRAN#=000000000000000 TR CD=750 REG= PORT=PRIN		5000.00 1501000003 DIFFERENCE BETWEEN POSTING DATE AND TA ***FOUND STOP*** 01/09/15
02/12/15	DISTRIBUTION TO BOCA GRANDE COMMUNITY CENTER FOR DEUPREE FAM ILY FOUNDATION DONATION PER BILL DEUPREE REQUEST RE ALL THA T JAZZ TR TRAN#=0000000000000007 TR CD=750 REG=0 PORT=PRIN	-3000 00	-3000 00 1502000005
02/19/15	REVERSAL - NEGATES PREVIOUS ENTRY DISTRIBUTION TO TELLURIDE FILM FESTIVAL RE: DEUPREE FAMILY F OUNDATION DONATION PER CLIENT REQUEST [REVERSED 02/19/2015] TR TRAN#=00000000000001 TR CD=750 REG=0 PORT=PRIN		10000.00 1502000008 DIFFERENCE BETWEEN POSTING DATE AND TA ***FOUND STOP*** 02/20/15
03/26/15	DISTRIBUTION TO ROYAL PALM PLAYERS FOR DEUPREE FAMILY FOUNDATION CONTRIBUTION TR TRAN#=00000000000000 TR CD=750 REG= PORT=PRIN		-1500 00 1503000010 ***FOUND STOP*** 05/08/15
04/06/15	DISTRIBUTION TO CHICKASAW COUNCIL BOY SCOUTS RE DEUPREE FAM ILY FOUNDATION DONATION PER CLIENT REQUEST FOR FRIENDS OF SC OUTING TR TRAN#=000000000000001 TR CD=750 REG= PORT=PRIN		-1000 00 1504000003 ***FOUND STOP*** 05/08/15
04/09/15	REVERSAL - NEGATES PREVIOUS ENTRY DISTRIBUTION TO ROYAL PALM PLAYERS FOR DEUPREE FAMILY FOUNDA TION CONTRIBUTION [REVERSED 04/09/2015] TR TRAN#=000000000000000 3 TR CD=750 REG= PORT=PRIN		1500.00 1504000008 DIFFERENCE BETWEEN POSTING DATE AND TA ***FOUND STOP*** 05/08/15
04/09/15	REVERSAL - NEGATES PREVIOUS ENTRY DISTRIBUTION TO CHICKASAW COUNCIL BOY SCOUTS RE DEUPREE FAM ILY FOUNDATION DONATION PER CLIENT REQUEST FOR FRIENDS OF SC OUTFING [REVERSED 04/09/2015] TR TRAN#=000000000000001 TR CD=750 REG= PORT=PRIN		1000 00 1504000006 ***FOUND STOP*** 05/08/15
04/09/15	REVERSAL - NEGATES PREVIOUS ENTRY DISTRIBUTION TO CHICKASAW COUNCIL BOY SCOUTS RE DEUPREE FAM LLY FOUNDATION DONATION PER CLIENT REQUEST FOR FRIENDS OF SC OUTING [REVERSED 04/09/2015] TR TRAN#=00000000000000 TR CD=750 REG= PORT=PRIN		-1000 00 1504000007 ***FOUND STOP*** 05/08/15
04/09/15	DISTRIBUTION TO REBECCA DEUPREE RE DEUPREE FAMILY FOUNDATION N FOR REIMBURSEMENT TO BOARD MEMBER FOR LOST CONTRIBUTION TR TRAN#=00000000000000 TR CD=750 REG= PORT=PRIN	-1500 00	-1500 00 1504000009 **CHANGED** 05/09/16 CL1

CCT 589R 2155000180 PREP 6560 ADMN 1115 INV.996 REGIONS BANK, TRUST DEPARTMENT

TAX TRANSACTION DETAIL

PAGE 8 RUN 05/09/2016 04 03 57 PM

EDIT CODE/DATE TRANSACTIONS TAXABLE INCOME PRINCIPAL NUMBER CHARITABLE DEDUCTION - CURRENT INCOME (CONTINUED) DISTRIBUTION TO MICHAEL J FOX FOUNDATION RE DEUPREE FAMILY FOUNDATION DONATION FOR WATT BOONE/TEAM MERRIE MILES LONDON 04/27/15 -1000 00 -1000 00 1504000012 MARATHON 2015/FROM ROBERTA&REED DEUPREE TR TRAN#=00000000000001 TR CD=750 REG-PORT-PRIN -1500 00 DISTRIBUTION TO ARTS MEMPHIS RE DEUPREE FAMILY FOUNDATION D -1500 00 1505000007 05/13/15 ONATION PER CLIENT REQUEST TR TRAN#=00000000000001 TR CD=750 PORT=PRIN DISTRIBUTION TO SHERIDAN ARTS FOUNDATION RE DEUPREE FAMILY -3000 00 -3000 00 1506000002 06/01/15 FOUNDATION DONATION PER CLIENT REQUEST TR TRAN#=00000000000000 TR CD=750 REG= PORT=PRIN DISTRIBUTION TO THE OZONE MINISTRIES RE DEUPREE FAMILY FOUN DATION DONATION PER CLIENT REQUEST -500 00 -500 00 1506000004 TR TRAN#=00000000000001 TR CD=750 06/05/15 DISTRIBUTION TO BRIDGES RE. DEUPREE FAMILY FOUNDATION DONATI -1500 00 -1500 00 1506000007 ON PER CLIENT REQUEST TR TRAN#=00000000000000 TR CD=750 REG= PORT=PRIN DISTRIBUTION TO PDS CAPITAL CAMPAIGN RE DEUPREE FAMILY FOUN DATION DONATION FOR THE 2015 PDS CAPITAL CAMPAIGN PER REQUES -5000 00 -5000 00 1506000009 06/10/15 T OF WILL & ANGIE DEUPREE TR TRAN#=00000000000001 TR CD=750 REG=0 PORT=PRIN DISTRIBUTION TO WOMEN'S FOUNDATION FOR A GREATER MEMPHIS REDEUPREE FAMILY FOUNDATION DONATION PER THE REQUEST OF WILLI -1000.00 -1000 00 1506000012 AM AND REBECCA DEUPREE TR TRAN#=00000000000001 TR CD=750 REG= DISTRIBUTION TO FERNBANK MUSEUM RE DEUPREE FAMILY FOUNDATIO -5000.00 -5000 00 1507000009 07/22/15 N 2015 DONATION PER CLIENT REQUEST TR TRAN#=00000000000001 TR CD=750 PORT=PRIN DISTRIBUTION TO ATLANTA YOUTH ACADEMY RE DEUPREE FAMILY FOUNDATION 2015 DONATION PER CLIENT REQUEST -1500 00 1507000010 -1500 00 07/22/15 TR TRAN#=00000000000000 TR CD=750 PORT=PRIN DISTRIBUTION TO TELLURIDE CHAMBER MUSIC ASSN RE. DEUPREE FAMILY FOUNDATION DONATION PER BILL DEUPREE REQUEST -3000 00 -3000 00 1508000003 08/06/15 TR TRAN#=00000000000001 TR CD=750 DISTRIBUTION TO GWINNET CHILDREN'S SHELTER RE: DEUPREE FAMIL -1000 00 -1000 00 1508000006 08/10/15 Y FOUNDATION 2015 DONATION PER CLIENT REQUEST TR TRAN#=000000000000000 TR CD=750 REG= PORT=PRIN 08/14/15 DISTRIBUTION TO TELLURIDE HISTORICAL MUSEUM RE DEUPREE FAMI LY FOUNDATION DONATION PER CLIENT REQUEST -1000 00 -1000 00 1508000009 TR TRAN#=00000000000001 TR CD=750 PORT=PRIN 08/19/15 DISTRIBUTION TO PALM THEATRE FOR DEUPREE FAMILY FOUNDATION C -3000 00 -3000 00 1508000010 ONTRIBUTION PER THE REQUEST OF BILL & BECKY DEUPREE TR TRAN#=000000000000004 TR CD=750 REG= PORT 08/28/15 DISTRIBUTION TO DIXON GALLERY RE DEUPREE FAMILY FOUNDATION DONATION FOR SPONSORSHIP PER REQUEST OF WILL & ANGIE DEUPREE TR TRAN#=0000000000000000 TR CD=750 REG= PORT=PRIN -5000 00 -5000 00 1508000011 08/31/15 DISTRIBUTION TO WINGS CANCER FOUNDATION RE. DEUPREE FAMILY FOUNDATION 2015 DONATION PER WILL & ANGIE DEUPREE REQUEST TR TRAN#=000000000000000 TR CD=750 REG= PORT=PRIN -4000 00 -4000 00 1508000012 09/01/15 DISTRIBUTION TO PALMER HOME FOR DEUPREE FAMILY FOUNDATION CO NTRIBUTION PER THE REQUEST OF WILL & ANGLE DEUPREE -1000.00 -1000 00 1509000002 TR TRAN#=00000000000000 TR CD=750 REG= DISTRIBUTION TO NEW MEMPHIS INSTITUTE RE DEUPREE FAMILY FOU NDATION DONATION PER REQUEST OF WILL AND ANGIE DEUPREE TR TRAN#=0000000000001 TR CD=750 REG= PORT=PRIN 09/02/15 -3200 00 -3200 00 1509000004 DISTRIBUTION TO AMERICAN HEART ASSOCIATION RE: DEUPREE FAMIL -1500 00 -1500 00 1509000005 09/02/15 Y FOUNDATION DONATION PER REQUEST OF WILL AND ANGIE DEUPREE FOR HEART BALL TR TRAN#=00000000000000 TR CD=750 REG= 09/14/15 DISTRIBUTION TO CHILDREN'S MUSEUM OF MEMPHIS RE DEUPREE FAM -1000 00 -1000 00 1509000008 ILY FOUNDATION DONATION PER REQUEST OF WILL AND ANGIE DEUPRE TR TRAN#=00000000000000 TR CD=750 PORT=PRIN REG= 09/21/15 DISTRIBUTION TO RALLY FOR KIDS RE DEUPREE FAMILY FOUNDATION DONATION PER REQUEST OF WILL AND ANGIE DEUPREE TR TRAN#=00000000000001 TR CD=750 REG= PORT=PRIN -1000 00 -1000 00 1509000011 10/06/15 DISTRIBUTION TO CHRIST COMMUNITY HEALTH CENTER RE DEUPREE F -2500 00 -2500 00 1510000004 AMILY FOUNDATION DONATION PER CLIENT REQUEST TR TRAN#=00000000000001 TR CD=750 REG= PORT=PRIN

ACCT 589F PREP 6560	2155000180 ADMN 1115 INV 996	REGIONS BANK, T TAX TRANSACTION	RUST DE DETAIL	PARTMENT			PAGE 9 RUN 05/09 04 03	/2016 57 PM
	TRANSACTIONS				TAXABLE	INCOME	PRINCIPAL	EDIT NUMBER
	RITABLE DEDUCTION - CURR DISTRIBUTION TO SUSAN G FAMILY FOUNDATION DONA TR TRAN#=000000000000000	KOMEN RACE FOR TION PER CLIENT	THE CU		-1000 00		-1000 00	1510000009
10/23/15	DISTRIBUTION TO CHILDRE ILY FOUNDATION DONATION				-2500 00		-2500 00	1510000010
10/26/15	TR TRAN#=000000000000000000000000000000000000	GIRLS CLUB OF JA PER WILL & REED N			-1000.00		-1000 00	1510000011
11/03/15	DISTRIBUTION TO MORRIS 2015 DONATION PER CLIE TR TRAN#=000000000000000	NT REQUEST	ree fam eg=	ILY FOUNDATION PORT=PRIN	-2000 00		-2000 00	1511000003
11/03/15	DISTRIBUTION TO LOVETT 2015 DONATION PER CLIEN TR TRAN#=000000000000000	T REQUEST	EE FAMI EG=	LY FOUNDATION PORT=PRIN	-2000 00		-2000 00	1511000004
11/06/15	DISTRIBUTION TO FERNBAN N 2015 DONATION PER CLI TR TRAN#=000000000000000	ENT REQUEST	PREE FA EG=	MILY FOUNDATIO	-2500 00		-2500 00	1511000007
11/10/15	DISTRIBUTION TO MEMPHIS N DONATION PER THE REQU TR TRAN#=000000000000000	MATTERS RE DEU EST OF WILL & AN		MILY FOUNDATIO		***FOUND STOP**	-5000 00 * 12/07/15	1511000008
11/16/15	DISTRIBUTION TO A BAR A DEPOSIT FOR ARRIVAL ON TR TRAN#=000000000000000	RANCH FOR DEUPR 6/26/2016 & DEP			-17097 50		-17097 50	1511000012
11/17/15	DISTRIBUTION TO HUTCHIS ON 2015 DONATION PER RE TR TRAN#=000000000000000	ON SCHOOL RE DE			-30000 00		-30000 00	1511000013
11/19/15	REVERSAL - NEGATES PREV DISTRIBUTION TO MEMPHIS N DONATION PER THE REQU TR TRAN#=00000000000000	IOUS ENTRY MATTERS RE DEU EST OF WILL & AN	PREE FA GIE DEU EG=	MILY FOUNDATIO PREE PORT=PRIN		***FOUND STOP**	5000 00 * 12/07/15	1511000009
11/19/15	DISTRIBUTION TO PLAYBAC ON DONATION PER THE REQ TR TRAN#=000000000000000	UEST OF WILL & A			-5000 00		-5000 00	1511000014
11/23/15	PREE FAMILY FOUNDATION GIE DEUPREE	DONATION PER THE			-1000 00		-1000 00	1511000019
12/16/15	TR TRAN#=000000000000000000000000000000000000	WER FOUNDATION R QUEST OF BILL AN	E. DEUP D BECKY	REE FAMILY FOU DEUPREE	-1000 00		-1000 00	1512000007
12/24/15	DISTRIBUTION TO BRIDGES ON PER CLIENT REQUEST F TR TRAN#=000000000000000000000000000000000000	RE DEUPREE FAM OR CAMPAIGN	ILY FOU		-3500 00		-3500 00	1512000015
12/24/15	DISTRIBUTION TO BROOKS DONATION PER CLIENT REQ TR TRAN#=000000000000001	MUSEUM RE DEUPR UEST			-5000 00		-5000 00	1512000016
12/24/15	DISTRIBUTION TO LEVITT ONATION PER CLIENT REQU TR TRAN#=000000000000001	SHELL RE DEUPRE	E FAMIL	Y FOUNDATION D	-10000 00		-10000 00	1512000017
12/24/15		HOLARSHIP RE DE REQUEST	UPREE F		-20000 00		-20000 00	1512000018
12/24/15	DISTRIBUTION TO NEW MEM NDATION DONATION PER CL TR TRAN#=000000000000001	PHIS INSTITUTE R IENT REQUEST			-3800 00		-3800 00	1512000019
12/24/15	DISTRIBUTION TO RHODES DONATION PER CLIENT RE OF JOE DUNCAN	COLLEGE RE DEUP	REE FAM	ILY FOUNDATION	-1000 00		-1000 00	1512000020
12/24/15	TR TRAN#=000000000000000000000000000000000000	N REINS RE DEUP	EG= REE FAM	PORT=PRIN	-10000 00		-10000 00	1512000021
12/24/15	TR TRAN#=000000000000000000000000000000000000	5 TR CD=750 R		PORT=PRIN OUNDATION DONA PORT=PRIN	-2000 00		-2000 00	1512000022
	1 1.d 2., = 0.0000000000000	1. CD=150 K						

<u>-----</u>

ACCT 589R 2155000180 REGIONS BANK, TRUST DEPARTMENT PREP 6560 ADMN 1115 INV 996 TAX TRANSACTION DETAIL

PAGE 10 RUN 05/09/2016 04 03 57 PM

PREP 6560 ADMN 1115 INV 996	TAX TRANSACTION DETAIL				04 03	
TAX CODE/DATE TRANSACTIONS		-	TAXABLE	INCOME	PRINCIPAL	EDIT NUMBER
102 CHARITABLE DEDUCTION - CURI 12/24/15 DISTRIBUTION TO BOCA G EUPREE FAMILY FOUNDATION TR TRAN#=000000000000000000000000000000000000	RANDE COMMUNITY CENTER - ON DONATION PER CLIENT R		-7000 00		-7000 00	1512000023
12/24/15 DISTRIBUTION TO BOCA GI FOUNDATION DONATION PEI TR TRAN#=0000000000000000	R CLIENT REQUEST	EUPREE FAMILY PORT=PRIN	-2500 00		-2500 00	1512000024
12/24/15 DISTRIBUTION TO BOCA GI FOUNDATION DONATION PI TR TRAN#=000000000000000	ER CLIENT REQUEST	DEUPREE FAMILY PORT=PRIN	-5000 00		-5000 00	1512000025
12/24/15 DISTRIBUTION TO JOHANN MILY FOUNDATION DONATIC TR TRAN#=000000000000000000000000000000000000	ON PER CLIENT REQUEST	RE. DEUPREE FA PORT=PRIN	-12500 00		-12500 00	1512000026
12/24/15 DISTRIBUTION TO WOMEN OF FOUNDATION POTENTIAL TRAN#=000000000000000000000000000000000000	ER CLIENT REQUEST	DEUPREE FAMILY PORT=PRIN	-5000 00		-5000 00	1512000027
12/24/15 DISTRIBUTION TO TELLUR: FOUNDATION DONATION PEI TR TRAN#=000000000000000	R CLIENT REQUEST	EUPREE FAMILY PORT=PRIN	-5000 00		-5000 00	1512000028
12/24/15 DISTRIBUTION TO ATLANT: FOUNDATION DONATION PE TR TRAN#=000000000000000000000000000000000000	R CLIENT REQUEST	EUPREE FAMILY PORT=PRIN	-2500 00		-2500 00	1512000029
12/24/15 DISTRIBUTION TO ATLANT; FOUNDATION 2015 DONAT: TR TRAN#=000000000000000000000000000000000000	ON PER CLIENT REQUEST	DEUPREE FAMILY PORT=PRIN	-1000 00		-1000 00	1512000030
12/24/15 DISTRIBUTION TO KIPP M Y FOUNDATION 2015 DONA TR TRAN#=00000000000000	TION PER CLIENT REQUEST	DEUPREE FAMIL PORT=PRIN	-5000.00		-5000 00	1512000031
12/30/15 DISTRIBUTION TO MEMPHIS NDATION DONATION PER CI TR TRAN#=000000000000000	LIENT REQUEST	REE FAMILY FOU PORT=PRIN	-2500 00		-2500 00	1512000034
TOTAL CODE 102 - CHARIT	TABLE DEDUCTION - CURRENT		-220097 50	0 00	-206097 50	