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Form **990-PF**

Return of Private Foundation

OMB No 1545-0052

	C. Sociali 1047 (a) 11631 1164164 657 116416 Califoration
rtment of the Treasury	Do not enter social security numbers on this form as it may be made public.
nal Revenue Service	▶ Information about Form 990-PF and its separate instructions is at www.lrs.gov/form990pf.

			n 990-PF and its separate				Open to Public Inspection
		ndar year 2015 or tax year beginning JUL	1, 2015	, and e	uaing	JUN 30, 2016	
		foundation				A Employer identification	number
THE LASSITER FAMILY CHARITABLE						46 4400 706	
		NDATION			,	46-1402786	
		nd street (or P O box number if mail is not delivered to street	address)		Room/suite	B Telephone number	
		0 N. STRATFORD ROAD			<u> </u>	404-520-82	884
_		own, state or province, country, and ZIP or foreign p	ostal code			C if exemption application is p	ending, check here
_A	TL	ANTA, GA 30342					
G (heck	all that apply: Initial return	initial return of a fo	ormer public o	charity	D 1. Foreign organizations	s, check here . >
		Final return	Amended return			ĺ . .	
		Address change	Name change			Foreign organizations me check here and attach co	erting the 85% test, mputation
H C	heck	type of organization: X Section 501(c)(3) ex	empt private foundation			E If private foundation sta	tus was terminated
] Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ation		under section 507(b)(1)	
1 Fa	ur ma	arket value of all assets at end of year J Accounts	ng method: X Cash	Accr	ual	F If the foundation is in a	60-month termination
(fr	om I	Part II, col. (c), line 16)	her (specify)			under section 507(b)(1)	
•	-\$	10 , 131 , 156 . (Part I, colum	mn (d) must be on cash t	basis)		· ` ` `	
Pa	ırt I	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net in	vestment	(c) Adjusted net	(d) Disbursements
_		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	expenses per books		ome	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	201,361.				
	2	Check if the foundation is not required to attach Sch. B					
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities	271,666.	27	1,666.		STATEMENT 2
	`	Gross rents					
	1.	Net rental income or (loss)					
		Net gain or (loss) from sale of assets not on line 10	53,462.	·			STATEMENT 1
iue	b	Gross sales price for all 1 000 ECO					
Revenue	7	Capital gain net income (from Part IV, line 2)		16	6,428.		
8	8	Net short-fierm capital gain.			• /• ·		
	9	Income modufications = CENTED					
	-	Income modifications ECEIVED.				 	<u> </u>
	l loa	and allowagoes . Less: Cost of goods sold .			·	- 	
	٦	Gross profit pr (loss) V 2 2 2016					
	11	Other income		,			
	12	Total Add lines Phicough II	526,489.	43	8,094.	0.	
	13	Compensation of officers, directors, fusitees, etc.	0.		0.	0.	0.
	14	Other employee salaries and wages					
		Pension plans, employee benefits					
888	ı	Legal fees					
Ë	, h	Accounting fees STMT 3	3,000.		1,500.	0.	1,500.
Expe	٠	Other professional fees STMT 4	51,358.	- 5	$\frac{1,358}{1,358}$	0.	0.
ф Ш	17	Interest	52,000				
Administrative	ı	Taxes STMT 5	39.		39.	0.	0.
str	19	Depreciation and depletion					
Ē	20	Occupancy					
μþ	21	Travel, conferences, and meetings					
and /	22	Printing and publications					
3 ar	Į.	Other expenses STMT 6	30.		30.	0.	0.
ţ	23	Total operating and administrative	30.			- 0.	<u> </u>
era	24	-	54,427.	5	2,927.	0.	1,500.
Operating	25	expenses. Add lines 13 through 23 Contributions, gifts, grants paid	504,850.		4,741.	 	504,850.
			JUE, UJU •			 	304,030.
	20	Total expenses and disbursements.	559,277.	5	2,927.	0.	506 350
	0.7	Add lines 24 and 25	333,211.		4,241.	 	506,350.
	27	-	<32,788.				
	1	Excess of revenue over expenses and disbursements	₹34,100•		5 167		
		Net investment income (if negative, enter -0-)		20	5,167.		
5235	ð1	Adjusted net income (if negative, enter -0-)	instruction:			0.	Form 000 DE (004=)
11-2	4-15	LHA For Paperwork Reduction Act Notice, see i	เมอน นิติเเซเริ.				Form 990-PF (2015)

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Г	art	Balance Sheets Attached schedules and amounts in the description rolly and should be for end-of-wear amounts only	Beginning of year	End of	year
<u></u>	arı	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Çash - non-interest-bearing	629,526.	299,455.	299,455.
	2	Savings and temporary cash investments			
	3	Accounts receivable ►			
	ŀ	Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ►			
	1	Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	1	Receivables due from officers, directors, trustees, and other			
	<u> </u>	disqualified persons			
	7	Other notes and loans receivable			
	1	Less; allowance for doubtful accounts			
ro.	R	Inventories for sale or use			
Assets	ł	Prepaid expenses and deferred charges			
Ąŝ		Investments - U.S. and state government obligations STMT 7	399,060.	99,065.	99,602.
		Investments - corporate stock STMT 8	7,235,289.	7,724,478.	8,140,945.
	1		1,465,386.	1,562,195.	1,591,154.
			1,403,300.	1,302,133.	1,331,134.
	' '	Investments - land, buildings, and equipment basis		į	
		Less accumulated depreciation			
		Investments - mortgage loans			
	(Investments - other			
	14	Land, buildings, and equipment basis			
	l	Less accumulated depreciation			
	1	Other assets (describe			
	16	Total assets (to be completed by all filers - see the	0 500 061	0 605 400	10 101 1-6
	<u> </u>	instructions. Also, see page 1, item I)	9,729,261.	9,685,193.	10,131,156.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
95	19	Deferred revenue			_
蓋	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable			
_1	22	Mortgages and other notes payable Other liabilities (describe ► STATEMENT 10)	28,747.	17,467.	
	23	Total liabilities (add lines 17 through 22)	28,747.	17,467.	
		Foundations that follow SFAS 117, check here]	
48	l	and complete lines 24 through 26 and lines 30 and 31.			
ances	24	Unrestricted			
lan	25	Temporarily restricted			
Ba	26	Permanently restricted			
Fund B	1	Foundations that do not follow SFAS 117, check here			
Ţ		and complete lines 27 through 31.			
SOF	27	Capital stock, trust principal, or current funds	0.	0.	
Net Assets	ı	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ąŝ	29	Retained earnings, accumulated income, endowment, or other funds	9,700,514.	9,667,726.	
let	30	Total net assets or fund balances	9,700,514.	9,667,726.	
~	Ì				
	31	Total liabilities and net assets/fund balances	9,729,261.	9,685,193.	
LP	art	Analysis of Changes in Net Assets or Fund Ba	alances		
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]	9,700,514.
2		r amount from Part I, line 27a		2	<32,788.
		r increases not included in line 2 (itemize)	•• •	3	132,700.
		lines 1, 2, and 3		4	9,667,726.
		eases not included in line 2 (itemize)		5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	himn (b) line 30	6	9,667,726.
<u> </u>	, 014	met 2000 to to to the balances at end of year (line 4 finitus line o) - rait ii, co	ionar (0), iine 00 .		Form 990-PF (2015)
523	511				FORM 330-PF (2015)

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	and Losses for Tax on In		t Income	(b) How acquired	(a) Data ((d) Dat	
2-story brick wai	ibe the kind(s) of property sold (e.g rehouse; or common stock, 200 sh	s. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date a		(d) Dat (mo., da	
1a PUBLICLY TRADEI) SECURITIES				VARI	OUS	06/3)/16
b c								
d							 	
e								
(e) Gross sales price	(f) Depreciation allowed (or allowable)	plus e	st or other basis expense of sale			in or (loss (f) minus	(g)	
a 1,828,562.			1,662,13	4.			166	,428.
b c		 						
d			·			 .		
е								
Complete only for assets showing	g gain in column (h) and owned by	T			(I) Gains (Co			
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any			from col.	(h)) ´	
<u>a</u>		<u> </u>					166	,428.
b								
d		-						
е								
2 Capital gain net income or (net cap	ortal loss) { If gain, also enter of If (loss), enter -0	r in Part I, line - in Part I, line	7 7	} 2			166	,428.
3 Net short-term capital gain or (loss if gain, also enter in Part I, line 8, of if (loss), enter -0- in Part I, line 8	column (c).			} 3		N/A		
L	nder Section 4940(e) for				come			
(For optional use by domestic private if section 4940(d)(2) applies, leave the Was the foundation liable for the section	s part blank.	,,		,			Yes	X No
If "Yes," the foundation does not qualif	fy under section 4940(e). Do not co ach column for each year, see the ir			ntries				
(a)	(b)	isu ucuons bei	OLE HIAKING ANY EL	(c)			(d) oution ratio	
Base penód years Calendar year (or tax year beginnin	g in) Adjusted qualifying dis			ncharitable-use asse		Distrit col. (b) div	oution ratio rided by col.	(c))
2014		6,934.		11,064,62				0335
2013		3,885. 2,804.		10,581,65 9,932,06				19509 30488
2012		2,001.		7,732,00				10400
2010								
2 Total of line 1, column (d)					2		.13	30332
3 Average distribution ratio for the 5 the foundation has been in existent	•	on line 2 by 5,	-	of years	3		. 04	13444
4 Enter the net value of nonchantable	e-use assets for 2015 from Part X	line 5		, , , , , , , ,	4	1	0,105	
	200000000000000000000000000000000000000		• ••					
5 Multiply line 4 by line 3		5		-	,015.			
6 Enter 1% of net investment income	e (1% of Part I, line 27b)	• •		-	6		3	,852.
7 Add lines 5 and 6					. 7		442	,867.
8 Enter qualifying distributions from	Part XII, line 4	•			. 8		506	,350.
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI, line	1b, and comp	lete that part using	g a 1% tax rate.	·			
523521 11-24-15							orm 990-	PF (2015)

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		6 - 140			Page 4
P	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49	48 - sec	instr	uctio	ns)
1	a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	T			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				
1	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	1		3,8	52.
	of Part I, line 27b				
(All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			0.
3	Add lines 1 and 2	3		3.8	52.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5		3.8	52.
6	Credits/Payments:				
	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 7, 280.				
	Exempt foreign organizations - tax withheld at source 6b	İ			
	: Tax paid with application for extension of time to file (Form 8868)				
	Backup withholding erroneously withheld 6d				
7	Total credits and payments. Add lines 6a through 6d	7		7 2	80.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8		,,2	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			
10		10		3 1	28.
11	- · · · · · · · · · · · · · · · · · · ·			5,4	0.
	art VII-A Statements Regarding Activities	11	-		<u> </u>
	······································			17	- I N I -
18	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		<u> </u>	res	No
	any political campaign?	•••	1a	<u>. </u>	X
	Did it spend more than \$100 during the year (either directly) for political purposes (see instructions for the definition)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	or			
	distributed by the foundation in connection with the activities.			l	
	Did the foundation file Form 1120-POL for this year?		1c		X
C	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				
	(1) On the foundation. ► \$ 0.				
€	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
	managers. ► \$0.		ı		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2	L	Х
	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				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		Х
t	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
	If "Yes," attach the statement required by General Instruction T.	-			
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 la	w			
	remain in the governing instrument?		6	х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV		7	X	
					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	GA .				
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				
_	of each state as required by General Instruction G? If "No," attach explanation		8b	x	
			00		
		or .			
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calend	ar			У
		ar 	9		X

Part VII-A Statements Regarding Activities (continued)			
<u> </u>		Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	i		
section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		x
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) SEE STATEMENT 11	12	Х	
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
Website address ► N/A			l
14 The books are in care of ► MARIANNE LASSITER Telephone no. ► 404 -	504-3	740	
	30342		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			TT
and enter the amount of tax-exempt interest received or accrued during the year	N	I/A	
16 At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
securities, or other financial account in a foreign country?	16	1	Х
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
foreign country			
Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<u></u>		
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?	,		
(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?			
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	,		
(5) Transfer any income or assets to a disqualified person (or make any of either available			
for the benefit or use of a disqualified person)?	,		
(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.))	1	
b 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)?	_ <u> 1b</u>		X
Organizations relying on a current notice regarding disaster assistance check here	1		
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			77
before the first day of the tax year beginning in 2015?	1c	<u> </u>	X
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)):			
a 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? Yes X N		:	
If "Yes," list the years ▶ , , , ,	'		
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.) N/A	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.	25	 	
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
during the year?	,		
b If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after			
May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
Form 4720, to determine if the foundation had excess business holdings in 2015.)	Зь		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
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		X
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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	on Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	NONE 8	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(b) Type of service	(C) Compensation
NONE	-	
		
	1	
		
	{	
	1	
Total number of others receiving over \$50,000 for professional services		▶ 0
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities	 	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistics	al information such as the	··· ····
number of organizations and other beneficiaries served, conferences convened, research papers produc	ced, etc.	Expenses
1 N/A		
2		
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 on lin	es 1 and 2.	Amount
1 N/A		.
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	_	0.
		Form 990-PF (2015)

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P	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 9,745,	679.
b	Average of monthly cash balances	1a 9,745, 1b 513,	517.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d 10,259,	196.
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 10,259,	196.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4 153,	888.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5 10,105,	308.
6	Minimum investment return. Enter 5% of line 5	6 505,	265.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1 505,	265.
2a	Tax on investment income for 2015 from Part VI, line 5 2a 3,852.		
b	Income tax for 2015. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c 3,	852.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3 501,	413.
4	Recovenes of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5 501,	413.
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	7 501,	413.
P	art XII 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	la 506,	350.
Ь	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4		350.
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 3,	852.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6 502,	852. 498.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q 4940(e) reduction of tax in those years.		

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Part XIII Undistributed Income (see instructions) (a) (b) (c) (d) Corpus 2015 Years prior to 2014 2014 1 Distributable amount for 2015 from Part XI, 501,413. 2 Undistributed income, if any, as of the end of 2015 0 a Enter amount for 2014 only b Total for prior years: 0 3 Excess distributions carryover, if any, to 2015: a From 2010 **b** From 2011 19,089. c From 2012 1,590. dFrom 2013 18,211. e From 2014 38,890. f Total of lines 3a through e 4 Qualifying distributions for 2015 from 506,350. Part XII, line 4: ►\$ 0 a Applied to 2014, but not more than line 2a 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) 501,413. d Applied to 2015 distributable amount 4,937. e Remaining amount distributed out of corpus Ō. Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a).) 0. Enter the net total of each column as indicated below: 43,827 & Corpus Add lines 31, 4c, and 4e. Subtract line 5 b Prior years' undistributed income. Subtract 0. line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously 0 assessed d Subtract line 6c from line 6b. Taxable 0 amount - see instructions e Undistributed income for 2014. Subtract line 0 4a from line 2a. Taxable amount - see instr. 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 corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election 0 may be required - see instructions) 8 Excess distributions carryover from 2010 0 not applied on line 5 or line 7 9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a 43,827. 10 Analysis of line 9: a Excess from 2011 19,089 b Excess from 2012 1,590. c Excess from 2013 18,211 dExcess from 2014 4,937 e Excess from 2015

THE LASSITER FAMILY CHARITABLE

Form 990-PF (2015) FOUNDAT			=:	46-14	02786 Page 1
Part XIV Private Operating Fo	undations (see ins	tructions and Part V	'II-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 th	ne ruling			
b Check box to indicate whether the founda	ition is a private operatin	g foundation described	in section	4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		-17(-7
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for			 		<u> </u>
each year listed					
t DEN -flor Do			 	 	
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.				ļ	
Subtract line 2d from line 2c					
3 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)					
b "Endowment" alternative test - enter					
2/3 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	1				
organizations as provided in					
section 4942(j)(3)(B)(iii)			 		
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income			<u> </u>		
Part XV Supplementary Inform			if the foundation	had \$5,000 or mo	ore in assets
at any time during th	e year-see instr	uctions.)			
1 Information Regarding Foundation	Managers:				
a List any managers of the foundation who	have contributed more t	han 2% of the total cor	tributions received by the t	foundation before the clos	se of any tax
year (but only if they have contributed mo	ore than \$5,000). (See se	ction 507(d)(2).)			
SEE STATEMENT 12					
b List any managers of the foundation who other entity) of which the foundation has			(or an equally large portio	n of the ownership of a pa	artnership or
NONE					
2 Information Regarding Contributio					
Check here 🕨 🗶 if the foundation on	ly makes contributions to	preselected chantable	organizations and does no	ot accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc. (s	ee instructions) to indivi	duals or organizations	under other conditions, co	mplete rtems 2a, b, c, and	d.
a The name, address, and telephone number	er or e-mail address of th	e person to whom app	lications should be address	sed:	
b The form in which applications should be	submitted and informati	on and materials they s	should include:		
c Any submission deadlines:	· · · · · · · · · · · · · · · · · · ·	-			
			·····		
d Any restrictions or limitations on awards,	such as by geographical	areas, chantable fields	, kınds of institutions, or o	ther factors:	
					

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Part XV Supplementary Information (continued)

46-1402786 Page 11 Purpose of grant or contribution **Amount**

Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	_
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year				
ALPHA SIGMA PHI FOUNDATION	NONE	₽C	YOUTH DEVELOPMENT	
710 ADAMS ST				
CARMEL, IN 46032		1		25,000
AMERICAN REP CROSS	NONE	na	GLODAL GAMAGERODUS	
AMERICAN RED CROSS 1955 MONROE DR	NOME	PC	GLOBAL CATASTROPHE RELIEF	
ATLANTA, GA 30324				10,000
				<u></u>
ATLANTA AREA COUNCIL, BSA	NONE	PC	YOUTH DEVELOPMENT	
1800 CIRCLE 75 PKWY				
ATLANTA, GA 30339		<u> </u>	ļ	10,000
ATLANTA BOTANICAL GARDEN	NONE	PC	COMMUNITY EDUCATION	
1345 PIEDMONT AVE, NE ATLANTA, GA 30309]		4 500
Allacia, Gr. 50505				4,500
ATLANTA CONTACT POINT	NONE	₽C	YOUTH DEVELOPMENT	
949 DREWRY ST. NE				
ATLANTA, GA 30306				5,000
·	CONTINUATION SHEE	T(S)	> 3a	504,850
b Approved for future payment				
NONE				
		}		
			{	
		1		
		1		
]		
Total		L		
Total			▶ 3b	o m 990-PF (2015

523611 11-24-15

10241110 759874 10490.1

nter gross amounts unless otherwise indicated.	Unrelated business income			y section 512, 513, or 514	(e)
	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
Program service revenue:	code	Amount	sion code	Amount	function income
a					
b					
C					
d					
e					
f					
g Fees and contracts from government agencies					
Membership dues and assessments		 			
Interest on savings and temporary cash					
investments					
Dividends and interest from securities			14	271,666.	
Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal	1 1		l l		
property					
Other investment income					
Gain or (loss) from sales of assets other			} _]	}	
than inventory			18	53,462.	
Net income or (loss) from special events				· · · · · · · · · · · · · · · · · · ·	
Gross profit or (loss) from sales of inventory					
Other revenue:	1				
a		.			
b					
с					
d					
e					
Subtotal. Add columns (b), (d), and (e)	<u> </u>		0.	325,128.	
Total. Add line 12, columns (b), (d), and (e)				. 13 <u> </u>	325,12
ee worksheet in line 13 instructions to verify calculations.)		,			
Part XVI-B Relationship of Activities t	o the Accom	plishment of	Exempt P	urposes	
		1 () (0)			
ine No. Explain below how each activity for which income the foundation's exempt purposes (other than				importantly to the accomp	lishment of
The foundation's exempt purposes (other than	ny providing lunds	ioi sucii puiposes).			····

 the foundation's exempt purposes (other than by providing funds for such purposes).

Form **990-PF** (2015)

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Page 13

Part AVII	Exempt Organ		51612 10 6	ing transactions a	and nelations	mps with Noticila	парк	=	
1 Did the or			of the followin	g with any other organization	on described in sect	on 501(c) of	1	Yes	No
				7, relating to political organ		1011 00 1(0) 01	İ		
	from the reporting found				1221 40113 :				
(1) Cash			DIO EXCITIPE OF	Julianon of.			1a(1)		x
(1) Casii (2) Other							1a(2)		X
٠.	•						14(2)	├──	
b Other tran	-	hla avamet araanizat	200				15(1)		х
	of assets to a noncharita nases of assets from a no						1b(2)	 	X
` '		•	i yanzauun	• •	• •	• •	1b(2)	 -	X
	al of facilities, equipment,		-			• •	1 1 1 1 1	 	X
	bursement arrangements		•	· ·	-		1b(4) 1b(5)	<u> </u>	X
	s or loan guarantees		una nalimitatia		•				X
` '	rmance of services or me		_		•		1b(6)	 	$\frac{x}{x}$
	f facilities, equipment, ma			pioyees dule. Column (b) should alv		naction value of the goods		<u></u>	
				ed less than fair market valu				eus,	
	s given by the reporting i I) the value of the goods,			SU 1622 MAN IAN MAIKEL VAIL	Je III ariy u arisacuuri	i or snaring arrangement, s	HOW III		
	(b) Amount involved			exempt organization	(d) December	of transfers, transactions, and			
(a)Line no	(b) Amount myores	(c) Name of	N/A	exempt organization	(u) Description	or bansiers, dansactions, and	Snaring ar	rangeme	mis
			N/A						
		 			 				
						·			
		ļ	<u></u>						
									
						· · · · · · · · · · · · · · · · · · ·			
2a Is the four	ndation directly or indirec	tly affiliated with, or i	elated to, one	or more tax-exempt organi	izations described				_
in section	501(c) of the Code (other	er than section 501(c)	(3)) or in sect	ion 527?		. L	Yes	X	No
b If "Yes," co	omplete the following sch	redule.							
	(a) Name of org	ganization		(b) Type of organization		(c) Description of relations	hip		
	N/A								
					<u> </u>				
Under	penalties of perjury, I declare	that I have examined thi	s return, includin	g accompanying schedules and	statements, and to the	best of my knowledge	y the IHS	discuss	this
Sign snd b	elier, it is to e, correct, and co	Inplete Declaration of pr	eparer (other tha	n taxpayer) is based on all inform	mation of which prepare	ret	úm with th own below	e prepa	rer
Here	6. D. D	ante 1		11/10/12	PRESI		X Yes		No
Sigi	nature of officer or trustee	į		Date	Trtle				
	Print/Type preparer's n	ame	Preparer's s	gnature	Date	Check T PTIN			
	1					self- employed			
Paid	CARLYE W.	DOOLEY	CARLYE	W. DOOLEY	11/10/16	P0	0292	964	2
Preparer	Firm's name ► WIN				1	Firm's EIN ▶ 58-1			
Use Only	THITI STILLING P TYLL		, _						
	Firm's address > 36	30 PEACHT	REE RD	., NE, SUITE	600	 	٠.		
	ł .	LANTA, GA			-	Phone no. 404-8	98-2	000)
	1	Landilli, Of	. 50520				orm 99		

Part XV Supplementary Information	1	-		
3 Grants and Contributions Paid During the Y		•		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	CONTRIBUTION	
ATLANTA HISTORY CENTER	NONE	PC	COMMUNITY EDUCATION	
130 W PACES FERRY RD NW			1	
ATLANTA, GA 30305	<u> </u>			1,000.
		Ì		
ATLANTA PUBLIC GOLF CONSERVANCY	none	₽C	COMMUNITY DEVELOPMENT	
1144 BROOKGATE WAY				
ATLANTA, GA 30319		 		5,000.
BIBLE LEAGUE	NONE	PC	RELIGIOUS EDUCATION	
1 BIBLE LEAGUE PLAZA			MATERIAL	
CRETE, IL 60417				1,000.
CAMP TWIN LAKES	NONE	PC	YOUTH DEVELOPMENT	
600 MEANS ST, SUITE 110	İ			
ATLANTA, GA 30318				5,000.
CHILDREN'S HEALTHCARE OF ATLANTA FDTN	NONE	PC	COMMUNITY HOSPITAL	
1577 NE EXPRESSWAY, SUITE A			SUPPORT	
ATLANTA, GA 30329				2,500.
		-		
COLUMBIA SEMINARY	NONE	PC	EDUCATIONAL	
701 S COLUMBIA DR			INSTITUTION SUPPORT	
DECATUR, GA 30031				2,000.
COVENANT HOUSE OF GEORGIA	NONE	₽C	YOUTH DEVELOPMENT	
1559 JOHNSON RD		}		
ATLANTA, GA 30318	 			10,000.
CRU	NONE	₽C	YOUTH DEVELOPMENT	
100 LAKE HART DR				
ORLANDO, FL 32832		 	 	3,500.
COMMUNITY POUNDATION OF WESTERN NORTH	NONE	PC	COMMUNITY DEVELOPMENT	
CAROLINA	}	1		
4 VANDERBILT PARK DRIVE, #300				
ASHEVILLE, NC 28803		ļ	 	10,000.
DRUID HILLS UNITED METHODIST	NONE	PC	YOUTH DEVELOPMENT	
PRESCHOOL		}		
1200 PONCE DE LEON AVE		1		
ATLANTA, GA 30306	<u> </u>	1		5,000.
Total from continuation sheets	_ 	 	<u> </u>	450,350.

Part XV Supplementary Information				
3 Grants and Contributions Paid During the				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
PEED MY STARVING CHILDREN	NONE	₽C	GLOBAL HUNGER REFIEF	
401 93RD AVE		· [l	
COON RAPIDS, MN 55433		 		2,500
	LOWER CONTRACTOR			
FELLOWSHIP OF CHRISTIAN ATHLETES 8701 LEEDS RD	NONE	PC	YOUTH DEVELOPMENT	
KANSAS CITY, MO 64129		ĺ	1	60,000
FERNBANK MUSEUM	NONE	PC	MUSEUM	
767 CLIFTON RD		}	1	
ATLANTA, GA 30307		 		5,000
FIDELITY CHARITABLE GIFT FUND	NONE	PC	GIFT TO DAF FOR	
PO BOX 770001		1	EVENTUAL GIFTING TO	
CINCINNATI, OH 45277			QUALIFIED 501-(C3)	
		<u> </u>	ORGANIZATIONS	80,000
HIGHLANDS-CASHIERS HOSPITAL	NONE	PC	COMMUNITY HOSPITAL	
POUNDATION			SUPPORT	
PO BOX 742				
HIGHLANDS, NC 28741				2,000
-				
HIGHLANDS-CASHIERS LAND TRUST	NONE	PC	LAND TRUST	
348 S 5TH ST	Ì		1	
HIGHLANDS, NC 28741				1,500
INTEGRATIVE RESTORATION INSTITUTE	NONE	₽C	COMMUNITY DEVELOPMENT	
900 5TH AVENUE STE 204 SAN RAFAEL, CA 94901				7,500
,				
INT'L ASSN OF YOGA THERAPISTS	NONE	PC	INDUSTRY ASSOCIATION	
PO BOX 251563	HOME	FC	INDUSTRY ASSOCIATION	
LITTLE ROCK, AK 72225				5,000
		-		
MIS ANNUAL FUND	NONE	PC	COMMUNITY DEVELOPMENT	
1575 SHERIDAN RD NE				
ATLANTA, GA 30324		 	-	5,000
PAWS ATLANTA	NONE	PC	ANIMAL SHELTER	
5287 COVINGTON HWY DECATUR, GA 30035				2 500
Total from continuation sheets		<u> </u>		2,500

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution show any relationship to any foundation manager Foundation status of Amount Name and address (home or business) or substantial contributor recipient PEACHTREE PRESBYTERIAN NONE þς CHURCH OPERATING 3434 ROSWELL RD BUDGET ATLANTA, GA 30305 69,800. PRESBYTERIAN COLLEGE NONE PC EDUCATIONAL 503 S BROAD ST INSTITUTION SUPPORT CLINTON, SC 29325 44,000. PRESBYTERIAN HERITAGE CENTER NONE ÞС CHURCH MUSEUM SUPPORT PO BOX 207 MONTREAT, NC 28757 1,000. PRESBYTERIAN HOMES OF GEORGIA NONE ÞС ELDER CARE SUPPORT 301 E SCREVEN ST QUITMAN, GA 31643 1,000. SHEPHERD CENTER NONE COMMUNITY HOSPITAL 2020 PEACHTREE RD SUPPORT ATLANTA, GA 30309 2,500. NONE ST JUDE'S RESEARCH HOSPITAL ÞC COMMUNITY HOSPITAL 501 ST JUDE PL SUPPORT MEMPHIS, TN 38105 2,500. STATE YMCA OF GEORGIA NONE ₽C YOUTH DEVELOPMENT PO BOX 820 MCDONOUGH, GA 30253 20,000. NONE THE BASCOM ₽C MUSEUM 323 FRANKLIN RD HIGHLANDS, NC 28741 2,000. THE GIVE BACK YOGA FOUNDATION NONE PC INDUSTRY ASSOCIATION 900 BASELINE RD BOULDER, CO 80302 6,050. THE LITERACY COUNCIL OF HIGHLANDS NONE РC COMMUNITY LITERACY PO BOX 2320 SUPPORT HIGHLANDS, NC 28741 5,000. Total from continuation sheets

he Year (Continuation)			
If recipient is an individual,	Foundation	Purpose of grant or	
any foundation manager or substantial contributor	status of recipient	contribution	Amount
NONE	P.C	AUITAMA DEMESTA OBMOSTA	
NONE	1	TOOTH DEVELOPMENT	
			1,00
NONE	PC	VARIOUS COMMUNITY	
		CHARITIES	25.00
			25,00
NONE	PC	CAPITAL CAMPAIGN AND	
		ANNUAL FUND	
			52,50
none	PC	INDUSTRY ASSOCIATION	
	<u> </u>		2,00
	ļ		
	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	If recipient is an individual, show any relationship to any foundation manager or substantial contributor NONE PC NONE PC	If recipient is an individual, show any relationship to any foundation manager or substantial contributor NONE PC YOUTH DEVELOPMENT NONE PC VARIOUS COMMUNITY CHARITIES NONE PC CAPITAL CAMPAIGN AND ANNUAL FUND

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No 1545-0047

2015

Name of the organization
THE LASSITER FAMILY CHARITABLE

THE LASSITER FAMILY CHARITABLE FOUNDATION

Employer identification number

46-1402786

Organization type (check of	ne):
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
, ,	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a)(1) any one contribute	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 or, 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, line 1. Complete Parts I and II.
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the itions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for cruelty to children or animals. Complete Parts I, II, and III.
year, contributions is checked, enter le purpose. Do not co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the section se
but it must answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 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 THE LASSITER FAMILY CHARITABLE FOUNDATION

Employer identification number

46-1402786

Part I	Contributors ((see instructions)	Use duplicate co	pies of Part I if addition	al space is needed.
--------	----------------	--------------------	------------------	----------------------------	---------------------

		n space is riceded;	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	E.G. AND MARIANNE LASSITER 3750 N. STRATFORD RD. ATLANTA, GA 30342	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll 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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
523452 10-20	R_15	Schedule R (Form (990 990-F7 or 990-PF1 /20151

Name of organization

THE LASSITER FAMILY CHARITABLE

FOUNDATION

Employer identification number

46-1402786

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	If if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	2,300 SHARES OF ADOBE COMMON STOCK		
		\$201,331.	10/20/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
}			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
453 10-26	-15	\$ Schedule B (Form 9	90, 990-EZ, or 990-PF) (2

Employer identification number

THE LASSITER FAMILY CHARTTABLE

(a) No. from Part !	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete of completing Part III, enter the total of exclusively religious. Use duplicate copies of Part III if addition.	olumns (a) through (e) and the following such a thing of \$1,000 or less than the following of \$1,000 or less than the foll	section 501(c)(7), (8), or (10) that total more than \$1,000 for any line entry. For organizations set for the year (Enterthis info once.)
from	Use duplicate copies of Part III if addition	al cooco e goodod	
from		a space is fleeded.	
"	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, ar	d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, ar	d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	·
-	Transferee's name, address, ar	d ZIP + 4	Relationship of transferor to transferee
			Schedule R (Form 990, 990-F7, or 990-PF) (201

FORM 990-PF	GAIN OR	(LOSS)	FROM S	SALE OF A	ASSETS	S	TATEMENT 1
(A) DESCRIPTION OF PROPE	RTY				MANNER CQUIRED	DATE ACQUIRE	D DATE SOLD
PUBLICLY TRADED SECU	RITIES					VARIOUS	06/30/16
(B) GROSS SALES PRICE		OR	EXPE	D) INSE OF SALE	(E) DEPRE	C GA	(F) IN OR LOSS
1,828,56		775,100.		0.		0.	53,462.
CAPITAL GAINS DIVIDE	ENDS FROM I	PART IV					0.
TOTAL TO FORM 990-PF	, PART I,	LINE 6A					53,462.
FORM 990-PF	DIVIDENDS	S AND IN	ITEREST	FROM SI	ECURITIE	S S'	PATEMENT 2
SOURCE	GROSS AMOUNT	CAPI GAI DIVID	NS	(A) REVENU PER BOO		(B) INVEST- T INCOME	(C) ADJUSTED NET INCOME
CHARLES SCHWAB DIV & INT	271,666.		0.	271,6	566.	271,666.	271,666.
TO PART I, LINE 4	271,666.		0.	271,6	566.	271,666.	271,666.
FORM 990-PF		ACCOU	NTING	FEES		S	гатемент 3
DESCRIPTION		(A) EXPENSE PER BOC		(B) T INVEST	r– AD	(C) JUSTED INCOME	(D) CHARITABLE PURPOSES
TAX PREP FEES		3,0	00.	1,50	00.	0.	1,500.
TO FORM 990-PF, PG 1	., LN 16B	3,0	00.	1,50	00.	0.	1,500.

FORM 990-PF C	OTHER PROFES	SIONAL FEES	S'.	FATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT MANAGEMENT FEES	51,358.	51,358.	0.	0.
TO FORM 990-PF, PG 1, LN 16C	51,358.	51,358.	0.	0 .
FORM 990-PF	TAX	ES	Sī	PATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FOREIGN TAXES PAID	39.	39.	0.	0.
TO FORM 990-PF, PG 1, LN 18	39.	39.	0.	0.
FORM 990-PF	OTHER E	XPENSES	Sī	PATEMENT (
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
MISCELLANEOUS EXPENSES	30.	30.	0.	0.
TO FORM 990-PF, PG 1, LN 23	30.	30.	0.	0.

FORM 990-PF U.S. AND ST	ATE/CITY GOVERNMEN	T OBLIGATIONS	STATEMENT 7
DESCRIPTION	U.S. OTHER GOV'T GOV'T	BOOK VALUE	FAIR MARKET VALUE
CHARLES SCHWAB SEE STATEMENT A ATTACHED	X	99,065.	99,602.
TOTAL U.S. GOVERNMENT OBLIGATI	ONS	99,065.	99,602.
TOTAL STATE AND MUNICIPAL GOVE	RNMENT OBLIGATIONS		
TOTAL TO FORM 990-PF, PART II,	LINE 10A	99,065.	99,602.
FORM 990-PF	CORPORATE STOCK		STATEMENT 8
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
CHARLES SCHWAB SEE STATEMENT A	ATTACHED	7,724,478.	8,140,945.
TOTAL TO FORM 990-PF, PART II,	LINE 10B	7,724,478.	8,140,945.
FORM 990-PF	CORPORATE BONDS		STATEMENT 9
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
CHARLES SCHWAB SEE STATEMENT A	ATTACHED	1,562,195.	1,591,154.
TOTAL TO FORM 990-PF, PART II,	LINE 10C	1,562,195.	1,591,154.
FORM 990-PF	OTHER LIABILITIES		STATEMENT 10
DESCRIPTION		BOY AMOUNT	EOY AMOUNT
BOND ACCRETION/AMORTIZATION		28,747.	17,467.

FORM 990-PF

EXPLANATION CONCERNING PART VII-A, LINE 12

STATEMENT 11

EXPLANATION

THE LASSITER FAMILY CHARITABLE FOUNDATION TREATED A DONATION OF \$80,000 AS A QUALIFIED DISTRIBUTION THAT WAS CONTRIBUTED TO A 501(C)(3) DONOR ADVISED FUND. MONEY IN THIS FUND WILL GO TO OTHER 501(C)(3) ORGANIZATIONS THAT WILL FURTHER THE RELIGIOUS, CHARITABLE, SCIENTIFIC, LITERARY AND/OR EDUCATIONAL PURPOSES AS DESCRIBED UNDER CODE 170(C)(2)(B).

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT

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NAME OF MANAGER

E.G. LASSITER, III MARIANNE B. LASSITER