Form **990-PF**

Extended to November 15, 2017

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.irs.gov/form990pf.

-⊱or	cale	ndar year 2016 or tax year beginning		, and ending		
Na	me o	foundation			A Employer identification	number
		WILLIGER FAMILY FOUND			20-0749384	<u> </u>
		and street (or P O box number if mail is not delivered to st	reet address)	Room/suite	B Telephone number	
	_	0 PEACHTREE ROAD		830	404-264-14	100
		own, state or province, country, and ZIP or foreig ANTA, GA 30305	n postal code		C If exemption application is p	pending, check here
_	_	k all that apply: Initial return	Initial return of a f	ormer public charity	D 1. Foreign organization:	s check here
•		Final return	Amended return	orner public charity		,
_		Address change	Name change		Foreign organizations me check here and attach co	eeting the 85% test, omputation
H	_		exempt private foundation		E If private foundation sta	
<u></u>		ection 4947(a)(1) nonexempt charitable trust	Other taxable private found		under section 507(b)(1	, , , ,
		arket value of all assets at end of year J Accou	Inting method: X Cash Other (specify)	Accrual	F If the foundation is in a	
	•\$	Part II, col. (c), line 16) 20 , 629 , 475 . (Part I, c		basis.)	under section 507(b)(1)(B), Check liefe
	art I	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		(The total of amounts in columns (b), (c), and (d) may no necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received			N/A	
	2	Check If the foundation is not required to attach Sch. B		12.		
	3	Interest on savings and temporary cash investments	434,933.	434,933.		Statement 1
	4	Dividends and interest from securities	167,645.	167,645.		Statement 2
	5a	ı Gross rents				
	١	Net rental income or (loss)	4 6 4 5 6 6 6	-		ì
ē	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	<1,245,960.	<u> </u>	<u> </u>	
ē	_t	assets on line 6a	<u> </u>			<u> </u>
Revenue	17	Capital gain net income (from Part IV, line 2)		0.		
	8	Net short-term capital gain				<u> </u>
	9	Income modifications Gross sales less returns		<u> </u>		ļ
	10a					
	i i	Less Cost of goods sold				
	111	Gross profit or (loss) Other income	518,700.	518,700.		Statement 3
	12	Total. Add lines 1 through 11	<124,682.			Deacement 5
_	13	Compensation of officers, directors, trustees, etc	0.	1,121,270:		0.
	14	Other employee salaries and wages		 	RECEIVED	
	15	Pension plans, employee benefits		6	The state of the s	<u> </u>
98	l	Legal fees Stmt 4	1,773.	8.	NUV 1 7 2017	1,773.
xpenses	l	Accounting fees Stmt 5	1,500.	191	110 V _1 _	ගු 1,500.
Exp	ı	Other professional fees			OGDEN LIT	1=1
	17	Interest			000011	
rati	18	Taxes Stmt 6	415,911.	0.		0.
ust	19	Depreciation and depletion				
Ē	20	Occupancy				Ţ
ĕ	21	Travel, conferences, and meetings				
auc	22	Printing and publications				
ĝ	23	Other expenses Stmt 7	109,372.	0.		0.
Operating and Administrative	24	Total operating and administrative				
ğ		expenses. Add lines 13 through 23	528,556.	0.		3,273.
		Contributions, gifts, grants paid	2,270,000.			2,270,000.
	26	Total expenses and disbursements.		_		0 050 050
		Add lines 24 and 25	2,798,556.	0.		2,273,273.
	27	Subtract line 26 from line 12:	0 000 000	<u> </u>]	
		Excess of revenue over expenses and disbursements	<2,923,238.	P 1 101 070	<u> </u>	
		Net investment income (if negative, enter -0-)		1,121,278.	27/3	
	C	Adjusted net income (if negative, enter -0-)	L	<u></u>	N/A	<u></u>

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
(must agree with end-of-year figure reported on prior year's return)	1	23,161,487.
2 Enter amount from Part I, line 27a	2	<2,923,238.
3 Other increases not included in line 2 (itemize)	3	0.
4 Add lines 1, 2, and 3	4	20,238,249.
5 Decreases not included in line 2 (itemize)	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	20,238,249.

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	and Losses for Tax on In			-			0 0/1	JJO4 rage 0
(a) List and desc	ribe the kind(s) of property sold (e.g. arehouse; or common stock, 200 shs	., real estate,		(b) How P - Po D - D	acquired urchase onation	(c) Date a (mo., d		(d) Date sold (mo., day, yr.)
1a Angel Oak Flex	ible Income					10/1	6/15	10/11/16
b Angel Oak Flex						10/1	6/15	10/12/16
c Angel Oak Stra					P			
d Angel Oak Stra	tegic - K-1				P			
_e								
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			(h) Ga (e) plus	ain or (loss (f) minus ((g)
a 500,000.			540,092					<40,092.
b 250,000.			270,34					<20,345.
<u>c</u>			80,81					<80,812.
<u>d</u>			1,104,71	1.			<	1,104,711.
e			10/01/00					
	ig gain in column (h) and owned by (i) Adjusted basis		cess of col. (1)	\dashv		(k), but r	ol. (h) gain ot less thai	n -0-) o r
(i) F.M.V. as of 12/31/69	as of 12/31/69	over	col. (j), if any			Losses	(from col. (
<u>a</u>								<40,092. <20,345.
<u>b</u>		-						<80,812.
d		<u></u>		-+-				1,104,711.
		<u> </u>					<u> </u>	1,104,711.
<u>e</u>		<u> </u>		$\overline{\cdot}$				
2 Capital gain net income or (net ca	If gain, also enter Ipital loss) { If (loss), enter -0			} ₂		_	_ <	1,245,960.
3 Net short-term capital gain or (lo	ss) as defined in sections 1222(5) an			1			-	
If gain, also enter in Part I, line 8,		·u (U).						
If (loss), enter -0- in Part I, line 8				<u> </u>			N/A	·
Part V Qualification L	Inder Section 4940(e) for	Reduced	Tax on Net	Inves	tment Inc	ome		
	his part blank. tion 4942 tax on the distributable am lify under section 4940(e). Do not co		•	od?				Yes X No
	each column for each year; see the i			tries.				
(a) Base period years	(b)		Net value of non	(c)	nle-use assets	T^-	Distrit	(d) pution ratio
Calendar year (or tax year beginni	9)				268,441		(cor. (b) aiv	nded by col. (c)) - 140704
2015 2014		3,250. 9,765.	<u>-</u> -		29,686			.134357
2013	1,19	2,820.		0,3	528			5.340909
2012	39	2,848.			41,964			9.361548
2012		2,314.		- 6	66,543			1.308714
2011		4,311.			700,545	1		11300,11
2 Total of line 1, column (d)						2		16.286232
• • • • • • • • • • • • • • • • • • • •	5-year base period - divide the total (on line 2 hy 5	or by the number of	nf vears		<u> </u>	_	
the foundation has been in existe		oo <u>-</u> o,	or by the name or t	or youro		3		3.257246
Enter the net value of noncharitate	ele-use assets for 2016 from Part X,	line 5				4	1	9,924,214.
Multiply line 4 by line 3						5	6	4,898,066.
3 Enter 1% of net investment incor	ne (1% of Part I, line 27b)		_			6		11,213.
7 Add lines 5 and 6						7	6	4,909,279.
3 Enter qualifying distributions from	n Part XII, line 4					8		2,273,273.
· -	n line 7, check the box in Part VI, line	e 1b, and comp	plete that part using	g a 1% t	ax rate.			

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Part VI Excise Tax Based on Investment Income (Section		4948 - 3	see instru	CTIO	ns)
1a Exempt operating foundations described in section 4940(d)(2), check here					
	if necessary-see instructions)		_		
b Domestic foundations that meet the section 4940(e) requirements in Part V, check her	re 🕨 🔛 and enter 1%	1	2	2,4	<u> 26.</u>
of Part I, line 27b	-				
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations ent	ter 4% of Part I, line 12, col. (b). リ				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations or	nly. Others enter -0-)	2			0.
3 Add lines 1 and 2		3	2	2,4	26.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations of	nly. Others enter -0-)	4			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	_	5	2	2,4	26.
6 Credits/Payments;					
a 2016 estimated tax payments and 2015 overpayment credited to 2016	6a 53,476	.			
b Exempt foreign organizations - tax withheld at source	6b	7 [
c Tax paid with application for extension of time to file (Form 8868)	6c	7			
d Backup withholding erroneously withheld	6d	7			
7 Total credits and payments. Add lines 6a through 6d		7 7 1	5	3.4	76.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 i	is attached	8			
9 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 overp.	aid	10	3	1.0	50.
11 Enter the amount of line 10 to be; Credited to 2017 estimated tax	31,050 • Refunded	11	<u> </u>		0.
Part VII-A Statements Regarding Activities	31,0300 Heranded				<u> </u>
1a During the tax year, did the foundation attempt to influence any national, state, or loca	Llegislation or did it participate or interver		 	Yes	No
any political campaign?	riegisiation of the reparticipate of interven	, 6 III	1 <u>a</u>	100	X
b Did it spend more than \$100 during the year (either directly or indirectly) for political p	ournesses (see instructions for the definition	m\2	1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activity	•		- "		<u> </u>
•	ties and copies of any materials publi	sried or		. –	_
distributed by the foundation in connection with the activities.				ř	·
c Did the foundation file Form 1120-POL for this year?			1c	, ,	<u> </u>
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed durii			,	;	
(1) On the foundation. > \$ 0. (2) On foundation man		<u>-</u>	¢	1	
e Enter the reimbursement (if any) paid by the foundation during the year for political ex	penditure tax imposed on foundation			ŀ	
managers. ▶ \$ 0.				•	
2 Has the foundation engaged in any activities that have not previously been reported to	the IRS?		2		X
If "Yes," attach a detailed description of the activities					
3 Has the foundation made any changes, not previously reported to the IRS, in its gover	_	ar		,	}
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the ci	•		3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the	ie year?	•	<u>4a</u>		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/			<u> </u>
5 Was there a liquidation, termination, dissolution, or substantial contraction during the	year?		_ 5	ļ	X
If "Yes," attach the statement required by General Instruction T			ŀ		3
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied	fied either:		j.) L	3
 By language in the governing instrument, or 				į	ļ
 By state legislation that effectively amends the governing instrument so that no man 	idatory directions that conflict with the sta	te law	ř	i	Ĭ
remain in the governing instrument?			_6	\mathbf{x}_{-}	<u>L</u>
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)	N .	7	X _	
8a Enter the states to which the foundation reports or with which it is registered (see inst	ructions) >			È	
GA					ì
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)				į.
of each state as required by General Instruction G? If "No," attach explanation	, , ,		8b	Х	
9 Is the foundation claiming status as a private operating foundation within the meaning	of section 4942(1)(3) or 4942(1)(5) for ca	lendar	, ,		<u> </u>
year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Ye			9	,	Х
10 Did any persons become substantial contributors during the tax year? if "Yes," attach a			10		X
Too, attached	noting tree regime and addressed		Form QQ)_DE	

N/A

3b

4a

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X

b If "Yes," did it have excess business holdings in 2016 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

Form 4720, to determine if the foundation had excess business holdings in 2016)

had not been removed from jeopardy before the first day of the tax year beginning in 2016?

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

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Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be i	Required (continu	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Ye	s X No	! !
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indir			
any voter registration drive?			s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes'	7	Ye	es 🗶 No	1 1
(4) Provide a grant to an organization other than a charitable, etc., organization	described in section		_	
4945(d)(4)(A)? (see instructions)		Ye	s X No	1 1
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or i	for	1	<u> </u>
the prevention of cruelty to children or animals?		Ye	s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ler the exceptions described	ın Regulations	ì	1 1
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	ere			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax because it mainta	ined		
expenditure responsibility for the grant?	Ŋ	I/A 🔲 Ye	es 🔲 No	
If "Yes," attach the statement required by Regulations section 53 4945	5-5(d)		j	1 1
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
a personal benefit contract?		Ye	s X No	1 1
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b X
If "Yes" to 6b, file Form 8870			Γ	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	es X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu	table to the transaction?		N/A	7b
Part VIII Information About Officers, Directors, Trust		nagers, Highly	7	
Paid Employees, and Contractors	•		_	
1 List all officers, directors, trustees, foundation managers and their	compensation.			
4 > Norma and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	to position	enter -0-)	and deferred compensation	allowances
See Statement 9		0.	0.	0.
			-	
	1			ļ
]
2 Compensation of five highest-paid employees (other than those inc	<u></u>	, enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) watte and address of each employee paid more than \$50,000	devoted to position	(C) Compensation	and deferred compensation	allowances
NONE				
	-			
				1
		1		\
				L
Total number of other employees paid over \$50,000				0
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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NO	NE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		-
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		▶ 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical inf	formation such as the	Expenses
number of organizations and other beneficiaries served, conferences convened, research papers produced, to N/A	etc.	
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 lines 1	and 2.	Amount
1		
2		
All other program-related investments. See instructions. 3 N/A		
		0.
Total. Add lines 1 through 3	>	0.
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Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

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2,273,273.

6

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions) (d) (a) (b) (c) 2015 2016 Years prior to 2015 Corpus 1 Distributable amount for 2016 from Part XI. 973,785. line 7 2 Undistributed income, if any, as of the end of 2016 0 a Enter amount for 2015 only b Total for prior years: 0 3 Excess distributions carryover, if any, to 2016: a From 2011 839,359. **b** From 2012 390,762. 2,794. c From 2013 780,047. dFrom 2014 2,318,746. eFrom 2015 4,331,708 f Total of lines 3a through e 4 Qualifying distributions for 2016 from Part XII, line 4: ►\$ 2,273,273. 0 a Applied to 2015, 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) 973,785. d Applied to 2016 distributable amount 1,299,488. e Remaining amount distributed out of corpus $\overline{0}$. 0. 5 Excess distributions carryover applied to 2016 (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: 5,631,196 & Corpus Add lines 3f, 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 d Subtract line 6c from line 6b. Taxable 0 amount - see instructions e Undistributed income for 2015. Subtract line 0 4a from line 2a. Taxable amount - see instr. f Undistributed income for 2016. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017 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 2011 839,359 not applied on line 5 or line 7 9 Excess distributions carryover to 2017. 4,791,837 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: 390,762 a Excess from 2012 2,794. b Excess from 2013 780,047. c Excess from 2014 2,318,746. d Excess from 2015 1,299,488 e Excess from 2016

		FOUNDATION		20-07	49384 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part VI	I-A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter tha	t it is a private operating			
foundation, and the ruling is effective for	r 2016, enter the date of	the ruling	▶		
b Check box to indicate whether the found		ng foundation described		4942(j)(3) or49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for			1	1	
each year listed				<u> </u>	
b 85% of line 2a					
c Qualifying distributions from Part XII,		1	1		
line 4 for each year listed	<u> </u>			<u> </u>	
d Amounts included in line 2c not					
used directly for active conduct of		1]		
exempt activities			<u> </u>		
e Qualifying distributions made directly		}			
for active conduct of exempt activities.		1	Ì	1	
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)					
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			1	1	
investment income (interest,		,			
dividends, rents, payments on	1	İ			
securities loans (section 512(a)(5)), or royalties)				ì	
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)			1	1	
(3) Largest amount of support from		 	 	 	
an exempt organization					
(4) Gross investment income			 	 	
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	n had \$5,000 or mo	ore in assets
at any time during t					
1 Information Regarding Foundatio	n Managers:				
a List any managers of the foundation who		than 2% of the total con	tributions received by the	e foundation before the clos	se of any tax
year (but only if they have contributed m	ore than \$5,000). (See s	ection 507(d)(2).)	,		, ,
J. Ronald Terwillige	r				
b List any managers of the foundation who		e stock of a corporation	(or an equally large port	on of the ownership of a pa	artnership or
other entity) of which the foundation has			(e. a. edam) mga bara		- . -
None					
2 Information Regarding Contributi	on, Grant, Gift, Loan	Scholarship, etc. P	rograms:		
Check here ► X if the foundation o				not accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc. (
a The name, address, and telephone numb	per or e-mail address of	the person to whom appl	lications should be addre	essed:	
N/A		and por don't a monit app.			
•					
b The form in which applications should b	e submitted and informa	tion and materials they s	hould include;		
c Any submission deadlines:					
d Any control on as limitations as a	auch ac bu co	al arago, charatable 6-14-	lunda of matters	ather feeters:	
d Any restrictions or limitations on awards	, such as by geographic	ai areas, charitable fields	, KINUS OI INSTITUTIONS, OF	omer factors.	

Grants and Contributions Paid During th		rayment		
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		
a Paid during the year				
Bipartisan Policy Center	None	Public	Charitable	
1225 Eye Street, NW Suite 1000		İ	Contribution	
Washington, DC 20005				75,00
	}			
Epilepsy Research Found, Inc	None	Public	Charitable	
3060 Peachtree Road			Contribution	
Atlanta, GA 30305		ļ <u>.</u>		65,00
		}		
		1		
Habitat for Humanity Int'l	None	Public	Charitable	
270 Peachtree Street, NW			Contribution	
Atlanta, GA 30305				425,00
	}			
Horatio Alger Association	None	Public	Charitable	
99 Canal Center Plaza			Contribution	
Alexandria, VA 22314				100,00
				- -
I Have a Dream	None	Public	Charitable	
330 Seventh Ave			Contribution	
New York, NY 10001				200,00
	continuation shee	et(s)	▶ 3a	2,270,00
b Approved for future payment				
		}		
None				
		 	 	
		ļ		
		}		
Total		1	▶ 3b	
Total				orm 990-PF (20

3 Grants and Contributions Paid During the	e Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	Amount
J. Ronald Terwilliger Found for	None	Public	Charitable	
Housing America's Families	1.5.1.5		Contribution	
3060 Peachtree Road	1	1		}
Atlanta, GA 30305				1,000,00
Ocean Reef Cultural Center	None	Public	Charitable	
200 Anchor Drive			Contribution	
Key Largo, FL 33037				5,00
			<u> </u>	
USNA Foundation	None	Public	Charitable	
25 Maryland Ave.	1	1	Contribution	,
Annapolis, MD 21401				100,00
ULI Foundation	None	Public	Charitable	1
1025 Thomas Jefferson St # 500		1	Contribution	
Washington, DC 20007				300,00
		1	1	ļ
		1		
		1		1
			 	
		 		
]		
Total from continuation sheets				1,405,00

	me-Producing Activities		<u> </u>		749384 Page 12
Enter gross amounts unless otherwise indicate	d Unrelated	business income	Excluded	by section 512, 513, or 514	(e)
emor gross amounts amoss other wise indicate	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue;	Business code	Amount	sion	Amount	function income
a			 		
b			1-1-		
C					
đ			 		
е			 		
f			 	 +	
g Fees and contracts from government ag	encies		1 1		
2 Membership dues and assessments		-	 		
3 Interest on savings and temporary cash			1 1		
investments	523000	41,827.	14	393,106.	
4 Dividends and interest from securities	=====		14	167,645.	
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		·	14	518,700.	
8 Gain or (loss) from sales of assets other	 - 		 	3207.000	
than inventory	523000	<370,102.	14	<875,858.	
9 Net income or (loss) from special events	323333	(3,0,102)		10,3,030.	
10 Gross profit or (loss) from sales of inventor	v		 	-	
11 Other revenue:	' —		 		
a	1		\ \		
h		_ 	+	_	
<u> </u>					
1			 		
			 		
12 Subtotal. Add columns (b), (d), and (e)		<328,275.		203,593.	0.
13 Total. Add line 12, columns (b), (d), and (e)	\ 	\JZ0,Z13.	<u> </u>	13	<124,682
(See worksheet in line 13 instructions to verify				¹³ <u></u>	VIZ4,002
	Activities to the Accon	nplishment of Ex	kempt P	urposes	
	for which income is reported in a				olishment of
	ses (other than by providing fund				
				<u> </u>	

Form **990-PF** (2016)

Part XVII	Information Re	egarding Transfer	s To and Transacti			hips With Nonch	aritable		ige is
1 Did the o	Exempt Organ		following with any other org	anization (described in section	on 501(c) of		Yes	No
	-		ction 527, relating to politica			טוו טט ועט) טו	ļ	1.63	140
	•	ation to a noncharitable exi	- ·	ii Ui yailiza	1110113*		- 1		l
(1) Cash		ation to a nononanable ex	simple organization of.				1a(1)		х
(2) Othe							1a(2)		X
	nsactions:				•		<u> </u>		
	s of assets to a noncharita	ble exempt organization					16(1)		X
		ncharitable exempt organiz	ation				1b(2)		X
	tal of facilities, equipment,	, •					1b(3)		X
	nbursement arrangements						1b(4)		X
(5) Loar	ns or loan guarantees				_		1b(5)		X
(6) Perf	ormance of services or me	embership or fundraising s	olicitations				1b(6)		X
c Sharing o	of facilities, equipment, ma	uling lists, other assets, or	paid employees				1c		X
d If the ans	swer to any of the above is	"Yes," complete the following	ng schedule. Column (b) sh	ould alway	ys show the fair m	narket value of the goods	, other ass	sets,	
or service	es given by the reporting f	oundation, If the foundation	n received less than fair mar	ket value i	in any transaction	or sharing arrangement,	show in		
column (<u> </u>	other assets, or services re							
(a)Line no	(b) Amount involved		naritable exempt organizatio	n	(d) Description	of transfers, transactions, an	d sharing ar	rangeme	nts
		<u> </u>	1/A						
		 							
					ļ				
		<u></u>							
		<u> </u>							
		 				 _			
									
			 						
									
							_		
2a le the fou	indation directly or indirec	the officered with or related	to, one or more tax-exempt	organizat	L				
		r than section 501(c)(3)) o	•	organizat	lions described	ı	Yes	Ţ] No
	complete the following sch		1 111 26011011 327			·	163	43	7 140
<u> </u>	(a) Name of org		(b) Type of organi	ration		(c) Description of relation	ship		
	N/A		(5) Typo or organi			(0) 2000			
				-+					
									
			i, including accompanying sched				lay the IHS	qiecilee	his
Sign and b	pelief, it is true, correct, and cor	mplete Declaration of preparer	other than taxpayer) is based on	all information		nas any knowledge	turn with th <u>nown</u> below	e prepar (see ins	er tr)?
🖊	nature of officer or trustee	1/100		/ 	Title	ary	X Yes	<u> </u>	J No
		/	Date arer's signature	In		Check if PTIN			
	Print/Type preparer's na	l Prep	arer 5 Signature	ا ہے ا	ate	Self- employed PTIN	•		
Paid	Toighann o	100 t 100 Al	J. () WIT BY	HI	116117	' '	0121	976	
Preparer	LeighAnn C	zier & Deete	AMONE COO		Lilel	Firm's EIN ► 58 – 1			
Use Only		zier « Deede	٦	\bigcirc		FIRM SEIN > 36-1	L#330	± J	
-	Firm's address ▶ 12	30 Peachtree	Street, Sui	te 1	500				
	_ At	lanta, GA 30	309			Phone no. 404-2	<u> 253-7</u>	<u>500</u>	

Form 990-PF Inter	est on Saving	gs an	d Tempor	ary	Cash	Inv	restments	St	atement	1
Source			(a) Revenue Per Book			Inv	(b) vestment come		(c) Adjusted Wet Income	e
Angel Oak SMI Fund - K-1 Brightwood Capital Fund III - K-1 Kayne Senior Credit II Offshore Fd - Investment Total to Part I, line 3			276,3 23,7 134,8	30.			276,347. 23,730.			
			434,9				434,933.			
Form 990-PF	Dividends	and	Interest	fro	m Sec	ur	ities	St	atement	2
Source	Gross Amount	G	pital ains idends	s Revenue					(c) Adjuste Net Inco	
Mutual Funds - Schwab	167,645.		0.	1	67,64	5.	167,64	5.		
To Part I, line 4	167,645.		0.	1	67,64	167,64		5 • ==		<u> </u>
Form 990-PF		Ot	her Inco	me	-	_		st	atement	3
Description				(a) venu Boo			(b) et Invest- ent Income		(c) Adjusted Net Incom	
Angel Oaks SMI - K	-1			518	,700.	-	518,700	<u> </u>		
Total to Form 990-	Total to Form 990-PF, Part I, lin		11	518	,700.		518,700	 •		

Form 990-PF	Legal	Fees		tatement	4	
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charital Purpose		
	1,773.	0.		1,7	73.	
To Fm 990-PF, Pg 1, ln 16a	1,773.	0.		1,77	73.	
Form 990-PF	Accounting Fees		Statement 5			
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charital Purpose		
	1,500.	0.		1,50	00.	
To Form 990-PF, Pg 1, ln 16b	1,500.	0.		1,50	00.	
Form 990-PF	Taxes		Statement 6			
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charital Purpose		
Federal Tax GA Tax	363,320. 52,591.	0.			0.	
To Form 990-PF, Pg 1, ln 18	415,911.	0.			0.	
Form 990-PF	Other Expenses		Statement 7			
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charital Purpose		
Brightwood Capital Fund - k-1 Angel Oaks SMI - K-1 Postage State Registration	663. 108,661. 18. 30.	0. 0. 0.			0. 0. 0.	

Form 990-PF	Other	Investments		State	ement 8	
Description		Valuation Method Book Value			1,106,094. 1,270,827. 9,089,976. 558,980.	
Invest - Angel Oaks Invest - Golub Capital 9 Invest - Kayne Sr Credit II Invest - Mutual Funds Invest - Brighwood Capital Total to Form 990-PF, Part II, li		COST COST COST COST COST	7,897,99 1,106,09 1,270,82 9,174,83	94. 1 27. 1 20. 9		
		- 13 =	20,031,7	43. 20		
		f Officers, Di undation Manag		State	ement 9	
Name and Address		Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	Expense Account	
J. Ronald Terwilliger 3060 Peachtree Road, Suite 830 Atlanta, GA 30305		hairman 0.00	0.	0.	0.	
Frances Terwilliger 3060 Peachtree Road, Suite 830 Atlanta, GA 30305		ice President 0.00	0.	0.	0.	
Tracy Terwilliger Dean 3060 Peachtree Road, Suite 830 Atlanta, GA 30305		ice President 0.00	0.	0.	0.	
Bonnie Terwilliger Meshad 3060 Peachtree Road, Suite 830 Atlanta, GA 30305		ice President 0.00	0.	0.	0.	
Jeffrey D. Meuter 3060 Peachtree Road, Suite 830 Atlanta, GA 30305		reasurer/Secre	etary 0.	0.	0.	
Totals included on 990-PF, Pag	re 6 P.	art VIII	0.	0.	0.	