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| Part II Balance Sheets      |                                                                                                                                                | Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)                |                |                       | Beginning of year | End of year |  |
|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------|-------------------|-------------|--|
|                             |                                                                                                                                                | (a) Book Value                                                                                                                    | (b) Book Value | (c) Fair Market Value |                   |             |  |
| Assets                      | 1                                                                                                                                              | Cash—non-interest-bearing . . . . .                                                                                               | 5,313          | 6,919                 | 6,919             |             |  |
|                             | 2                                                                                                                                              | Savings and temporary cash investments . . . . .                                                                                  | 243,043        | 225,513               | 225,513           |             |  |
|                             | 3                                                                                                                                              | Accounts receivable ▶ _____<br>Less allowance for doubtful accounts ▶ _____                                                       |                |                       |                   |             |  |
|                             | 4                                                                                                                                              | Pledges receivable ▶ _____<br>Less allowance for doubtful accounts ▶ _____                                                        |                |                       |                   |             |  |
|                             | 5                                                                                                                                              | Grants receivable . . . . .                                                                                                       |                |                       |                   |             |  |
|                             | 6                                                                                                                                              | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . . |                |                       |                   |             |  |
|                             | 7                                                                                                                                              | Other notes and loans receivable (attach schedule) ▶ _____<br>Less allowance for doubtful accounts ▶ _____                        |                |                       |                   |             |  |
|                             | 8                                                                                                                                              | Inventories for sale or use . . . . .                                                                                             |                |                       |                   |             |  |
|                             | 9                                                                                                                                              | Prepaid expenses and deferred charges . . . . .                                                                                   |                |                       |                   |             |  |
|                             | 10a                                                                                                                                            | Investments—U S and state government obligations (attach schedule)                                                                |                |                       |                   |             |  |
|                             | b                                                                                                                                              | Investments—corporate stock (attach schedule) . . . . .                                                                           | 5,152,084      | 3,741,075             | 3,947,960         |             |  |
|                             | c                                                                                                                                              | Investments—corporate bonds (attach schedule) . . . . .                                                                           |                |                       |                   |             |  |
|                             | 11                                                                                                                                             | Investments—land, buildings, and equipment basis ▶ _____<br>Less accumulated depreciation (attach schedule) ▶ _____               |                |                       |                   |             |  |
|                             | 12                                                                                                                                             | Investments—mortgage loans . . . . .                                                                                              |                |                       |                   |             |  |
|                             | 13                                                                                                                                             | Investments—other (attach schedule) . . . . .                                                                                     | 4,617,260      | 4,047,531             | 3,967,287         |             |  |
|                             | 14                                                                                                                                             | Land, buildings, and equipment basis ▶ _____<br>Less accumulated depreciation (attach schedule) ▶ _____                           |                |                       |                   |             |  |
| 15                          | Other assets (describe ▶ _____)                                                                                                                |                                                                                                                                   |                |                       |                   |             |  |
| 16                          | <b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)                                              | 10,017,700                                                                                                                        | 8,021,038      | 8,147,679             |                   |             |  |
| Liabilities                 | 17                                                                                                                                             | Accounts payable and accrued expenses . . . . .                                                                                   | 3,778          |                       |                   |             |  |
|                             | 18                                                                                                                                             | Grants payable . . . . .                                                                                                          |                |                       |                   |             |  |
|                             | 19                                                                                                                                             | Deferred revenue . . . . .                                                                                                        |                |                       |                   |             |  |
|                             | 20                                                                                                                                             | Loans from officers, directors, trustees, and other disqualified persons                                                          |                |                       |                   |             |  |
|                             | 21                                                                                                                                             | Mortgages and other notes payable (attach schedule) . . . . .                                                                     |                |                       |                   |             |  |
|                             | 22                                                                                                                                             | Other liabilities (describe ▶ _____)                                                                                              |                |                       |                   |             |  |
|                             | 23                                                                                                                                             | <b>Total liabilities</b> (add lines 17 through 22) . . . . .                                                                      | 3,778          | 0                     |                   |             |  |
| Net Assets or Fund Balances | <b>Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/></b><br><b>and complete lines 24 through 26 and lines 30 and 31.</b> |                                                                                                                                   |                |                       |                   |             |  |
|                             | 24                                                                                                                                             | Unrestricted . . . . .                                                                                                            |                |                       |                   |             |  |
|                             | 25                                                                                                                                             | Temporarily restricted . . . . .                                                                                                  |                |                       |                   |             |  |
|                             | 26                                                                                                                                             | Permanently restricted . . . . .                                                                                                  |                |                       |                   |             |  |
|                             | <b>Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/></b><br><b>and complete lines 27 through 31.</b>   |                                                                                                                                   |                |                       |                   |             |  |
|                             | 27                                                                                                                                             | Capital stock, trust principal, or current funds . . . . .                                                                        | 10,013,922     | 8,021,038             |                   |             |  |
|                             | 28                                                                                                                                             | Paid-in or capital surplus, or land, bldg , and equipment fund                                                                    |                |                       |                   |             |  |
|                             | 29                                                                                                                                             | Retained earnings, accumulated income, endowment, or other funds                                                                  |                |                       |                   |             |  |
| 30                          | <b>Total net assets or fund balances</b> (see instructions) . . . . .                                                                          | 10,013,922                                                                                                                        | 8,021,038      |                       |                   |             |  |
| 31                          | <b>Total liabilities and net assets/fund balances</b> (see instructions) .                                                                     | 10,017,700                                                                                                                        | 8,021,038      |                       |                   |             |  |

| 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 | 10,013,922 |
| 2                                                           | Enter amount from Part I, line 27a . . . . .                                                                                                             | 2 | -1,992,884 |
| 3                                                           | Other increases not included in line 2 (itemize) ▶ _____                                                                                                 | 3 |            |
| 4                                                           | Add lines 1, 2, and 3 . . . . .                                                                                                                          | 4 | 8,021,038  |
| 5                                                           | Decreases not included in line 2 (itemize) ▶ _____                                                                                                       | 5 |            |
| 6                                                           | Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .                                                    | 6 | 8,021,038  |

**Part IV Capital Gains and Losses for Tax on Investment Income**

| (a)<br>List and describe the kind(s) of property sold (e g , real estate,<br>2-story brick warehouse, or common stock, 200 shs MLC Co ) | (b)<br>How acquired<br>P—Purchase<br>D—Donation | (c)<br>Date acquired<br>(mo , day, yr ) | (d)<br>Date sold<br>(mo , day, yr ) |
|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------|-------------------------------------|
| <b>1a</b> See Additional Data Table                                                                                                     |                                                 |                                         |                                     |
| <b>b</b>                                                                                                                                |                                                 |                                         |                                     |
| <b>c</b>                                                                                                                                |                                                 |                                         |                                     |
| <b>d</b>                                                                                                                                |                                                 |                                         |                                     |
| <b>e</b>                                                                                                                                |                                                 |                                         |                                     |

  

| (e)<br>Gross sales price           | (f)<br>Depreciation allowed<br>(or allowable) | (g)<br>Cost or other basis<br>plus expense of sale | (h)<br>Gain or (loss)<br>(e) plus (f) minus (g) |
|------------------------------------|-----------------------------------------------|----------------------------------------------------|-------------------------------------------------|
| <b>a</b> See Additional Data Table |                                               |                                                    |                                                 |
| <b>b</b>                           |                                               |                                                    |                                                 |
| <b>c</b>                           |                                               |                                                    |                                                 |
| <b>d</b>                           |                                               |                                                    |                                                 |
| <b>e</b>                           |                                               |                                                    |                                                 |

  

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 |                                         |                                                  | (l)<br>Gains (Col (h) gain minus<br>col (k), but not less than -0-) or<br>Losses (from col (h)) |
|---------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------|
| (i)<br>F M V as of 12/31/69                                                                 | (j)<br>Adjusted basis<br>as of 12/31/69 | (k)<br>Excess of col (i)<br>over col (j), if any |                                                                                                 |
| <b>a</b> See Additional Data Table                                                          |                                         |                                                  |                                                                                                 |
| <b>b</b>                                                                                    |                                         |                                                  |                                                                                                 |
| <b>c</b>                                                                                    |                                         |                                                  |                                                                                                 |
| <b>d</b>                                                                                    |                                         |                                                  |                                                                                                 |
| <b>e</b>                                                                                    |                                         |                                                  |                                                                                                 |

  

|                                                                                                                                                                                                         |                                                                                                                 |          |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------|---------|
| <b>2</b> Capital gain net income or (net capital loss)                                                                                                                                                  | <div> <div>If gain, also enter in Part I, line 7</div> <div>If (loss), enter -0- in Part I, line 7</div> </div> | <b>2</b> | 39,904  |
| <b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)<br>If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0-<br>in Part I, line 8 |                                                                                                                 | <b>3</b> | -15,976 |

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

**1** Enter the appropriate amount in each column for each year, see instructions before making any entries

| (a)<br>Base period years Calendar<br>year (or tax year beginning in)                                                                                                                   | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of noncharitable-use assets | (d)<br>Distribution ratio<br>(col (b) divided by col (c)) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------|-----------------------------------------------------------|
| 2015                                                                                                                                                                                   | 1,866,477                                | 11,103,548                                   | 0 16810                                                   |
| 2014                                                                                                                                                                                   | 1,673,924                                | 12,477,570                                   | 0 13416                                                   |
| 2013                                                                                                                                                                                   | 1,887,703                                | 13,463,749                                   | 0 14021                                                   |
| 2012                                                                                                                                                                                   | 2,313,073                                | 14,676,303                                   | 0 15761                                                   |
| 2011                                                                                                                                                                                   | 1,623,572                                | 16,321,297                                   | 0 09948                                                   |
| <b>2</b> Total of line 1, column (d)                                                                                                                                                   |                                          |                                              | <b>2</b> 0 699540                                         |
| <b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the<br>number of years the foundation has been in existence if less than 5 years |                                          |                                              | <b>3</b> 0 139908                                         |
| <b>4</b> Enter the net value of noncharitable-use assets for 2016 from Part X, line 5                                                                                                  |                                          |                                              | <b>4</b> 8,589,909                                        |
| <b>5</b> Multiply line 4 by line 3                                                                                                                                                     |                                          |                                              | <b>5</b> 1,201,797                                        |
| <b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)                                                                                                                    |                                          |                                              | <b>6</b> 2,253                                            |
| <b>7</b> Add lines 5 and 6                                                                                                                                                             |                                          |                                              | <b>7</b> 1,204,050                                        |
| <b>8</b> Enter qualifying distributions from Part XII, line 4                                                                                                                          |                                          |                                              | <b>8</b> 2,211,418                                        |

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

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

|           |                                                                                                                                                                                                                                   |           |       |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------|
| <b>1a</b> | Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1<br>Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions) |           |       |
| <b>b</b>  | Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .                                                              | <b>1</b>  | 2,253 |
| <b>c</b>  | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)                                                                                                            |           |       |
| <b>2</b>  | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                         | <b>2</b>  |       |
| <b>3</b>  | Add lines 1 and 2. . . . .                                                                                                                                                                                                        | <b>3</b>  | 2,253 |
| <b>4</b>  | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                       | <b>4</b>  |       |
| <b>5</b>  | <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .                                                                                                                          | <b>5</b>  | 2,253 |
| <b>6</b>  | Credits/Payments                                                                                                                                                                                                                  |           |       |
| <b>a</b>  | 2016 estimated tax payments and 2015 overpayment credited to 2016                                                                                                                                                                 | <b>6a</b> | 6,800 |
| <b>b</b>  | Exempt foreign organizations—tax withheld at source . . . . .                                                                                                                                                                     | <b>6b</b> |       |
| <b>c</b>  | Tax paid with application for extension of time to file (Form 8868) . . . . .                                                                                                                                                     | <b>6c</b> |       |
| <b>d</b>  | Backup withholding erroneously withheld . . . . .                                                                                                                                                                                 | <b>6d</b> |       |
| <b>7</b>  | Total credits and payments. Add lines 6a through 6d. . . . .                                                                                                                                                                      | <b>7</b>  | 6,800 |
| <b>8</b>  | Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached                                                                                               | <b>8</b>  |       |
| <b>9</b>  | <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . . ▶                                                                                                                           | <b>9</b>  |       |
| <b>10</b> | <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . ▶                                                                                                                   | <b>10</b> | 4,547 |
| <b>11</b> | Enter the amount of line 10 to be <b>Credited to 2017 estimated tax</b> ▶ 4,547 <b>Refunded</b> ▶                                                                                                                                 | <b>11</b> |       |

**Part VII-A Statements Regarding Activities**

|                                                                                                                                                                                                                                                                                                                                                                  | Yes       | No  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .                                                                                                                                                                         | <b>1a</b> | No  |
| <b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . .<br><i>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</i> | <b>1b</b> | No  |
| <b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .                                                                                                                                                                                                                                                                                   | <b>1c</b> | No  |
| <b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year<br>(1) On the foundation ▶ \$ _____ (2) On foundation managers ▶ \$ _____                                                                                                                                                                             |           |     |
| <b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____                                                                                                                                                                                                         |           |     |
| <b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .<br><i>If "Yes," attach a detailed description of the activities</i>                                                                                                                                                                           | <b>2</b>  | No  |
| <b>3</b> 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? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .                                                                                                             | <b>3</b>  | No  |
| <b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .                                                                                                                                                                                                                                                  | <b>4a</b> | No  |
| <b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .                                                                                                                                                                                                                                                                       | <b>4b</b> | No  |
| <b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .<br><i>If "Yes," attach the statement required by General Instruction T</i>                                                                                                                                                                     | <b>5</b>  | No  |
| <b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either<br>• By language in the governing instrument, or<br>• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .             | <b>6</b>  | Yes |
| <b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i> . . . . .                                                                                                                                                                                                       | <b>7</b>  | Yes |
| <b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions)<br>▶ GA _____                                                                                                                                                                                                                                       |           |     |
| <b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .                                                                                                                                    | <b>8b</b> | Yes |
| <b>9</b> 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 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)?<br><i>If "Yes," complete Part XIV</i> . . . . .                                                                                | <b>9</b>  | No  |
| <b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> . . . . .                                                                                                                                                                                                    | <b>10</b> | No  |

**Part VII-A Statements Regarding Activities** (continued)

|           |                                                                                                                                                                                                    |           |            |           |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|
| <b>11</b> | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions). . . . .   | <b>11</b> |            | <b>No</b> |
| <b>12</b> | 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) . . . . . | <b>12</b> |            | <b>No</b> |
| <b>13</b> | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>N/A</u>                                                   | <b>13</b> | <b>Yes</b> |           |
| <b>14</b> | The books are in care of ► <u>James I Harrison Jr</u> Telephone no ► <u>(205) 345-2400</u>                                                                                                         |           |            |           |

Located at ► 3925 Rice Mine Road NE Tuscaloosa AL ZIP+4 ► 35406

|                                                                                                                                                                                      |                                                                                                                                                                                           |           |            |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|
| <b>15</b>                                                                                                                                                                            | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . <input type="checkbox"/>                                              | <b>15</b> |            |           |
| <b>16</b>                                                                                                                                                                            | At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? | <b>16</b> | <b>Yes</b> | <b>No</b> |
| See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country ► |                                                                                                                                                                                           |           |            |           |

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |            |           |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|
| <b>1a</b> | During the year did the foundation (either directly or indirectly)                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           | <b>Yes</b> | <b>No</b> |
| (1)       | Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                           |           |            |           |
| (2)       | Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                         |           |            |           |
| (3)       | Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                       |           |            |           |
| (4)       | Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                             |           |            |           |
| (5)       | Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                          |           |            |           |
| (6)       | Agree to pay money or property to a government official? ( <b>Exception.</b> 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). . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                  |           |            |           |
| <b>b</b>  | If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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)? . . . . . <input type="checkbox"/>                                                                                                                                                                                                                                                                   | <b>1b</b> |            | <b>No</b> |
| <b>c</b>  | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016? . . . . . <input type="checkbox"/>                                                                                                                                                                                                                                                                                                       | <b>1c</b> |            | <b>No</b> |
| <b>2</b>  | 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))                                                                                                                                                                                                                                                                                                                                                    |           |            |           |
| <b>a</b>  | At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," list the years ► 20____, 20____, 20____, 20____                                                                                                                                                                                                                                     |           |            |           |
| <b>b</b>  | Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions). . . . . <input type="checkbox"/>                                                                                                                                                                           | <b>2b</b> |            | <b>No</b> |
| <b>c</b>  | If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here<br>► 20____, 20____, 20____, 20____                                                                                                                                                                                                                                                                                                                                                                       |           |            |           |
| <b>3a</b> | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                         |           |            |           |
| <b>b</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, Form 4720, to determine if the foundation had excess business holdings in 2016). . . . . <input type="checkbox"/> | <b>3b</b> |            | <b>No</b> |
| <b>4a</b> | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>4a</b> |            | <b>No</b> |
| <b>b</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 2016?                                                                                                                                                                                                                                                                                                | <b>4b</b> |            | <b>No</b> |

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (Continued)

|                                                                                                                                                                                                                                         |                                                                     |           |  |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------|--|-----------|
| <b>5a</b> 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))?                                                                                                                                               | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |  |           |
| (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?                                                                                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |  |           |
| (3) Provide a grant to an individual for travel, study, or other similar purposes?                                                                                                                                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |  |           |
| (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).                                                                                              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |  |           |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?                                                                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |  |           |
| <b>b</b> If any answer is "Yes" to 5a(1)–(5), did <b>any</b> 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)? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <b>5b</b> |  | <b>No</b> |
| Organizations relying on a current notice regarding disaster assistance check here.                                                                                                                                                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |  |           |
| <b>c</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?                                                                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |  |           |
| If "Yes," attach the statement required by Regulations section 53.4945–5(d)                                                                                                                                                             |                                                                     |           |  |           |
| <b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                               | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |  |           |
| <b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <b>6b</b> |  | <b>No</b> |
| If "Yes" to 6b, file Form 8870                                                                                                                                                                                                          |                                                                     |           |  |           |
| <b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?                                                                                                                          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |  |           |
| <b>b</b> If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?                                                                                                                        | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <b>7b</b> |  | <b>No</b> |

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

| <b>1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).</b>                     |                                                           |                                           |                                                                       |                                       |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| (a) Name and address                                                                                                                | Title, and average hours per week (b) devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | Expense account, (e) other allowances |
| James I Harrison Jr<br>6745 Emerald Lane<br>Tuscaloosa, AL 35406                                                                    | Pres/Sec/Treas<br>1 00                                    | 0                                         |                                                                       |                                       |
| Peggy T Harrison<br>6745 Emerald Lane<br>Tuscaloosa, AL 35406                                                                       | Director<br>1 00                                          | 0                                         |                                                                       |                                       |
| Lazard Freres Co LLC<br>10 Rockefeller Plaza<br>New York, NY 10020                                                                  | Trustee<br>15 00                                          | 17,534                                    |                                                                       |                                       |
| <b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b> |                                                           |                                           |                                                                       |                                       |
| (a) Name and address of each employee paid more than \$50,000                                                                       | Title, and average hours per week (b) devoted to position | (c) Compensation                          | (d) Contributions to employee benefit plans and deferred compensation | Expense account, (e) other allowances |
| NONE                                                                                                                                |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
| <b>Total number of other employees paid over \$50,000.</b>                                                                          |                                                           |                                           |                                                                       |                                       |

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*

**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
|-------------------------------------------------------------|---------------------|------------------|
| NONE                                                        |                     |                  |
|                                                             |                     |                  |
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**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 statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

|                                                                                                                              | Expenses |
|------------------------------------------------------------------------------------------------------------------------------|----------|
| <b>1</b> Charitable Program (Providing support to a total of 50 charitable organizations in the total amount of \$2,210,418) | 0        |
| <b>2</b>                                                                                                                     |          |
|                                                                                                                              |          |
|                                                                                                                              |          |
| <b>3</b>                                                                                                                     |          |
|                                                                                                                              |          |
|                                                                                                                              |          |
| <b>4</b>                                                                                                                     |          |
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**Part IX-B Summary of Program-Related Investments** (see instructions)

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Amount |
|------------------------------------------------------------------------------------------------------------------|--------|
| <b>1</b>                                                                                                         |        |
|                                                                                                                  |        |
|                                                                                                                  |        |
| <b>2</b>                                                                                                         |        |
|                                                                                                                  |        |
|                                                                                                                  |        |
|                                                                                                                  |        |
| All other program-related investments See instructions                                                           |        |
| <b>3</b>                                                                                                         |        |
|                                                                                                                  |        |
|                                                                                                                  |        |
|                                                                                                                  |        |
|                                                                                                                  |        |

**Total.** Add lines 1 through 3 . . . . . ►

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

|          |                                                                                                              |           |           |
|----------|--------------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b> | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes   |           |           |
| <b>a</b> | Average monthly fair market value of securities.                                                             | <b>1a</b> | 4,413,222 |
| <b>b</b> | Average of monthly cash balances.                                                                            | <b>1b</b> | 340,211   |
| <b>c</b> | Fair market value of all other assets (see instructions).                                                    | <b>1c</b> | 3,967,287 |
| <b>d</b> | <b>Total</b> (add lines 1a, b, and c).                                                                       | <b>1d</b> | 8,720,720 |
| <b>e</b> | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).   | <b>1e</b> | 0         |
| <b>2</b> | Acquisition indebtedness applicable to line 1 assets.                                                        | <b>2</b>  |           |
| <b>3</b> | Subtract line 2 from line 1d.                                                                                | <b>3</b>  | 8,720,720 |
| <b>4</b> | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).   | <b>4</b>  | 130,811   |
| <b>5</b> | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4. | <b>5</b>  | 8,589,909 |
| <b>6</b> | <b>Minimum investment return.</b> Enter 5% of line 5.                                                        | <b>6</b>  | 429,495   |

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

|           |                                                                                                            |           |         |
|-----------|------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>1</b>  | Minimum investment return from Part X, line 6.                                                             | <b>1</b>  | 429,495 |
| <b>2a</b> | Tax on investment income for 2016 from Part VI, line 5.                                                    | <b>2a</b> | 2,253   |
| <b>b</b>  | Income tax for 2016 (This does not include the tax from Part VI).                                          | <b>2b</b> |         |
| <b>c</b>  | Add lines 2a and 2b.                                                                                       | <b>2c</b> | 2,253   |
| <b>3</b>  | Distributable amount before adjustments. Subtract line 2c from line 1.                                     | <b>3</b>  | 427,242 |
| <b>4</b>  | Recoveries of amounts treated as qualifying distributions.                                                 | <b>4</b>  |         |
| <b>5</b>  | Add lines 3 and 4.                                                                                         | <b>5</b>  | 427,242 |
| <b>6</b>  | Deduction from distributable amount (see instructions).                                                    | <b>6</b>  |         |
| <b>7</b>  | <b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. | <b>7</b>  | 427,242 |

**Part XII Qualifying Distributions** (see instructions)

|          |                                                                                                                                                       |           |           |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b> | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes                                                             |           |           |
| <b>a</b> | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.                                                                          | <b>1a</b> | 2,211,418 |
| <b>b</b> | Program-related investments—total from Part IX-B.                                                                                                     | <b>1b</b> |           |
| <b>2</b> | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.                                            | <b>2</b>  |           |
| <b>3</b> | Amounts set aside for specific charitable projects that satisfy the                                                                                   |           |           |
| <b>a</b> | Suitability test (prior IRS approval required).                                                                                                       | <b>3a</b> |           |
| <b>b</b> | Cash distribution test (attach the required schedule).                                                                                                | <b>3b</b> |           |
| <b>4</b> | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.                                    | <b>4</b>  | 2,211,418 |
| <b>5</b> | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions). | <b>5</b>  | 2,253     |
| <b>6</b> | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.                                                                                | <b>6</b>  | 2,209,165 |

**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 4940(e) reduction of tax in those years.

**Part XIII Undistributed Income** (see instructions)

|                                                                                                                                                                                            | (a)<br>Corpus | (b)<br>Years prior to 2015 | (c)<br>2015 | (d)<br>2016 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| <b>1</b> Distributable amount for 2016 from Part XI, line 7                                                                                                                                |               |                            |             | 427,242     |
| <b>2</b> Undistributed income, if any, as of the end of 2016                                                                                                                               |               |                            |             |             |
| <b>a</b> Enter amount for 2015 only. . . . .                                                                                                                                               |               |                            |             |             |
| <b>b</b> Total for prior years 20____, 20____, 20____                                                                                                                                      |               |                            |             |             |
| <b>3</b> Excess distributions carryover, if any, to 2016                                                                                                                                   |               |                            |             |             |
| <b>a</b> From 2011. . . . . 823,411                                                                                                                                                        |               |                            |             |             |
| <b>b</b> From 2012. . . . . 1,593,550                                                                                                                                                      |               |                            |             |             |
| <b>c</b> From 2013. . . . . 1,229,564                                                                                                                                                      |               |                            |             |             |
| <b>d</b> From 2014. . . . . 1,063,627                                                                                                                                                      |               |                            |             |             |
| <b>e</b> From 2015. . . . . 1,324,208                                                                                                                                                      |               |                            |             |             |
| <b>f</b> <b>Total</b> of lines 3a through e. . . . .                                                                                                                                       | 6,034,360     |                            |             |             |
| <b>4</b> Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ <u>2,211,418</u>                                                                                                     |               |                            |             |             |
| <b>a</b> Applied to 2015, but not more than line 2a                                                                                                                                        |               |                            |             |             |
| <b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .                                                                                      |               |                            |             |             |
| <b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .                                                                                              | 0             |                            |             |             |
| <b>d</b> Applied to 2016 distributable amount. . . . .                                                                                                                                     |               |                            |             | 427,242     |
| <b>e</b> Remaining amount distributed out of corpus                                                                                                                                        | 1,784,176     |                            |             |             |
| <b>5</b> Excess distributions carryover applied to 2016<br>(If an amount appears in column (d), the same amount must be shown in column (a) )                                              |               |                            |             |             |
| <b>6</b> <b>Enter the net total of each column as indicated below:</b>                                                                                                                     |               |                            |             |             |
| <b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5                                                                                                                                   | 7,818,536     |                            |             |             |
| <b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .                                                                                                         |               |                            |             |             |
| <b>c</b> 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 assessed. . . . . |               |                            |             |             |
| <b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .                                                                                                           |               |                            |             |             |
| <b>e</b> Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .                                                                             |               |                            |             |             |
| <b>f</b> Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017 . . . . .                                                               |               |                            |             | 0           |
| <b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .       |               |                            |             |             |
| <b>8</b> Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions). . . . .                                                                              | 823,411       |                            |             |             |
| <b>9</b> <b>Excess distributions carryover to 2017.</b><br>Subtract lines 7 and 8 from line 6a . . . . .                                                                                   | 6,995,125     |                            |             |             |
| <b>10</b> Analysis of line 9                                                                                                                                                               |               |                            |             |             |
| <b>a</b> Excess from 2012. . . . . 1,593,550                                                                                                                                               |               |                            |             |             |
| <b>b</b> Excess from 2013. . . . . 1,229,564                                                                                                                                               |               |                            |             |             |
| <b>c</b> Excess from 2014. . . . . 1,063,627                                                                                                                                               |               |                            |             |             |
| <b>d</b> Excess from 2015. . . . . 1,324,208                                                                                                                                               |               |                            |             |             |
| <b>e</b> Excess from 2016. . . . . 1,784,176                                                                                                                                               |               |                            |             |             |

## Part XIV

- 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 organizations as provided in section 4942(j)(3)(B)(iii). . . . .
- (3) Largest amount of support from an exempt organization
- (4) Gross investment income

## Part XV

- |          |                                                                                                                                                                                                                                                                                                                                 |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> | <b>Information Regarding Foundation Managers:</b>                                                                                                                                                                                                                                                                               |
| <b>a</b> | 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) )<br>James I Harrison Jr                                                              |
| <b>b</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                                                                                                     |
| <b>2</b> | <b>Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:</b>                                                                                                                                                                                                                                      |
|          | Check here <input type="checkbox"/> 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 |
| <b>a</b> | The name, address, and telephone number or e-mail address of the person to whom applications should be addressed<br>The James I Harrison Family Foundat<br>3925 Rice Mine Road NE<br>Tuscaloosa, AL 35406<br>(205) 345-2400                                                                                                     |
| <b>b</b> | The form in which applications should be submitted and information and materials they should include<br>By either telephone or written request. Applicants must provide the Foundation with a copy of their IRS exemption letter. Most grants are awarded based on the proactive efforts of the Foundation President.           |
| <b>c</b> | Any submission deadlines<br>None                                                                                                                                                                                                                                                                                                |
| <b>d</b> | Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors<br>Generally limited to organizations located in Tuscaloosa County, Alabama                                                                                                                |

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                                                                | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount    |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|-----------|
| Name and address (home or business)                                      |                                                                                                                    |                                      |                                     |           |
| <b>a</b> <i>Paid during the year</i><br>See Additional Data Table        |                                                                                                                    |                                      |                                     |           |
| <b>Total . . . . .</b> ▶ <b>3a</b>                                       |                                                                                                                    |                                      |                                     | 2,210,418 |
| <b>b</b> <i>Approved for future payment</i><br>See Additional Data Table |                                                                                                                    |                                      |                                     |           |
| <b>Total . . . . .</b> ▶ <b>3b</b>                                       |                                                                                                                    |                                      |                                     | 158,000   |

Enter gross amounts unless otherwise indicated

| Enter gross amounts unless otherwise indicated                                 | Unrelated business income |               | Excluded by section 512, 513, or 514 |               | (e)<br>Related or exempt<br>function income<br>(See instructions ) |
|--------------------------------------------------------------------------------|---------------------------|---------------|--------------------------------------|---------------|--------------------------------------------------------------------|
|                                                                                | (a)<br>Business code      | (b)<br>Amount | (c)<br>Exclusion code                | (d)<br>Amount |                                                                    |
| <b>1</b> Program service revenue                                               |                           |               |                                      |               |                                                                    |
| <b>a</b> _____                                                                 |                           |               |                                      |               |                                                                    |
| <b>b</b> _____                                                                 |                           |               |                                      |               |                                                                    |
| <b>c</b> _____                                                                 |                           |               |                                      |               |                                                                    |
| <b>d</b> _____                                                                 |                           |               |                                      |               |                                                                    |
| <b>e</b> _____                                                                 |                           |               |                                      |               |                                                                    |
| <b>f</b> _____                                                                 |                           |               |                                      |               |                                                                    |
| <b>g</b> Fees and contracts from government agencies                           |                           |               |                                      |               |                                                                    |
| <b>2</b> Membership dues and assessments. . . .                                |                           |               |                                      |               |                                                                    |
| <b>3</b> Interest on savings and temporary cash<br>investments . . . . .       |                           |               |                                      |               | 123,297                                                            |
| <b>4</b> Dividends and interest from securities. . . .                         |                           |               |                                      |               | 87,152                                                             |
| <b>5</b> Net rental income or (loss) from real estate                          |                           |               |                                      |               |                                                                    |
| <b>a</b> Debt-financed property. . . . .                                       |                           |               |                                      |               |                                                                    |
| <b>b</b> Not debt-financed property. . . . .                                   |                           |               |                                      |               |                                                                    |
| <b>6</b> Net rental income or (loss) from personal property                    |                           |               |                                      |               |                                                                    |
| <b>7</b> Other investment income. . . . .                                      |                           |               |                                      |               |                                                                    |
| <b>8</b> Gain or (loss) from sales of assets other than<br>inventory . . . . . |                           |               |                                      |               | 39,904                                                             |
| <b>9</b> Net income or (loss) from special events                              |                           |               |                                      |               |                                                                    |
| <b>10</b> Gross profit or (loss) from sales of inventory                       |                           |               |                                      |               |                                                                    |
| <b>11</b> Other revenue <b>a</b> _____                                         |                           |               |                                      |               |                                                                    |
| <b>b</b> _____                                                                 |                           |               |                                      |               |                                                                    |
| <b>c</b> _____                                                                 |                           |               |                                      |               |                                                                    |
| <b>d</b> _____                                                                 |                           |               |                                      |               |                                                                    |
| <b>e</b> _____                                                                 |                           |               |                                      |               |                                                                    |
| <b>12</b> Subtotal Add columns (b), (d), and (e). .                            |                           |               |                                      |               | 250,353                                                            |
| <b>13 Total.</b> Add line 12, columns (b), (d), and (e). . . . .               |                           |               |                                      |               | 250,353                                                            |

(See worksheet in line 13 instructions to verify calculations )

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

## Part XVII

- |       | Yes | No |
|-------|-----|----|
| 1a(1) |     | No |
| 1a(2) |     | No |
| 1b(1) |     | No |
| 1b(2) |     | No |
| 1b(3) |     | No |
| 1b(4) |     | No |
| 1b(5) |     | No |
| 1b(6) |     | No |
| 1c    |     | No |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . . . ☐ Yes ☒ No
- b** If "Yes," complete the following schedule

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|--------------------------|--------------------------|---------------------------------|
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |

May the IRS discuss this return with the preparer shown below (see instr )? ☒ Yes ☐ No

|                                                                |                      |      |                                                 |                         |
|----------------------------------------------------------------|----------------------|------|-------------------------------------------------|-------------------------|
| Print/Type preparer's name<br><br>Darren L Neuschwander<br>CPA | Preparer's Signature | Date | Check if self-employed <input type="checkbox"/> | PTIN<br><br>P00291621   |
| Firm's name ▶ Green Neuschwander & Manning LLC                 |                      |      |                                                 | Firm's EIN ▶            |
| Firm's address ▶ PO Box 1197<br><br>Robertsdale, AL 36567      |                      |      |                                                 | Phone no (888) 558-5257 |

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

| List and describe the kind(s) of property sold (e g , real estate,<br>(a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) | (b)<br>How acquired<br>P—Purchase<br>D—Donation | (c)<br>Date acquired<br>(mo , day, yr ) | (d)<br>Date sold<br>(mo , day, yr ) |
|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------|-------------------------------------|
| Pershing LLC nondividend distributions                                                                                               | P                                               | 2016-01-01                              | 2016-12-31                          |
| Lazard Asset Mgmt (see attached)                                                                                                     | P                                               | 2016-01-01                              | 2016-12-31                          |
| Lazard Asset Mgmt (see attached)                                                                                                     | P                                               | 2015-01-01                              | 2016-12-31                          |
| Lazard Asset Mgmt (see attached)                                                                                                     | P                                               | 2015-01-01                              | 2016-12-31                          |
| Lazard Core Fixed Income Portfolio                                                                                                   | P                                               | 2016-01-01                              | 2016-12-31                          |
| Lazard Core Fixed Income Portfolio                                                                                                   | P                                               | 2015-01-01                              | 2016-12-31                          |
| Lazard Asset Mgmt- Basis Adj                                                                                                         | P                                               | 2016-01-01                              | 2016-12-31                          |

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

| (e) Gross sales price | (f) Depreciation allowed<br>(or allowable) | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>(e) plus (f) minus (g) |
|-----------------------|--------------------------------------------|-------------------------------------------------|----------------------------------------------|
| 1,995                 |                                            |                                                 | 1,995                                        |
| 198,650               |                                            | 218,305                                         | -19,655                                      |
| 1,533,193             |                                            | 1,452,031                                       | 81,162                                       |
| 807,783               |                                            | 801,620                                         | 6,163                                        |
| 5,782                 |                                            |                                                 | 5,782                                        |
|                       |                                            | 31,445                                          | -31,445                                      |
|                       |                                            | 4,098                                           | -4,098                                       |

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 |                                      |                                               | (I) Gains (Col (h) gain minus<br>col (k), but not less than -0-) or<br>Losses (from col (h)) |
|---------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------|
| (i) F M V as of 12/31/69                                                                    | Adjusted basis<br>(j) as of 12/31/69 | Excess of col (i)<br>(k) over col (j), if any |                                                                                              |
|                                                                                             |                                      |                                               | 1,995                                                                                        |
|                                                                                             |                                      |                                               | -19,655                                                                                      |
|                                                                                             |                                      |                                               | 81,162                                                                                       |
|                                                                                             |                                      |                                               | 6,163                                                                                        |
|                                                                                             |                                      |                                               | 5,782                                                                                        |
|                                                                                             |                                      |                                               | -31,445                                                                                      |
|                                                                                             |                                      |                                               | -4,098                                                                                       |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| Holy Spirit Catholic Church<br>733 37th Street<br>Tuscaloosa, AL 35405                                   | None                                                                                                      | EOF                            | Charitable                       | 686,932   |
| Auburn University School of Pharmacy<br>Auburn, AL 36849                                                 | None                                                                                                      | EOF                            | Charitable                       | 10,000    |
| United Way of West Alabama<br>2720 6th Street<br>Tuscaloosa, AL 35403                                    | None                                                                                                      | EOF                            | Charitable                       | 60,000    |
| Impact Alabama<br>1901 6th Ave N Ste 2400<br>Birmingham, AL 35203                                        | None                                                                                                      | EOF                            | Charitable                       | 10,000    |
| Community Foundation of West Alabam<br>PO Box 3033<br>Tuscaloosa, AL 35403                               | None                                                                                                      | EOF                            | Charitable                       | 1,000     |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                  | 2,210,418 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| Tuscaloosa Symphony P O Box 20001<br>Tuscaloosa, AL 35402                                                | None                                                                                                      | EOF                            | Charitable                       | 10,000    |
| Judson College P O Box 120<br>Marion, AL 36756                                                           | None                                                                                                      | EOF                            | Charitable                       | 25,000    |
| Samford University<br>800 Lakeshore Drive<br>Birmingham, AL 35229                                        | None                                                                                                      | EOF                            | Charitable                       | 25,000    |
| Society of St Vincent de Paul<br>733 37th St<br>Tuscaloosa, AL 35405                                     | None                                                                                                      | EOF                            | Charitable                       | 5,000     |
| Magic Moments<br>2112 11th Ave South Ste 219<br>Birmingham, AL 35205                                     | None                                                                                                      | EOF                            | Charitable                       | 4,500     |
| <b>Total . . . . .</b> ►<br><b>3a</b>                                                                    |                                                                                                           |                                |                                  | 2,210,418 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment   |                                                                                                           |                                |                                  |           |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                        |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                       |                                                                                                           |                                |                                  |           |
| DCH Foundation 950 5th Ave East<br>Tuscaloosa, AL 35401                                                    | None                                                                                                      | EOF                            | Charitable                       | 12,500    |
| West Alabama Food Bank PO Box 805<br>Northport, AL 35476                                                   | None                                                                                                      | EOF                            | Charitable                       | 10,000    |
| Salvation Army 1035 29th St<br>Tuscaloosa, AL 35404                                                        | None                                                                                                      | EOF                            | Charitable                       | 500,000   |
| Hospice of West Alabama<br>3851 Loop Road<br>Tuscaloosa, AL 35404                                          | None                                                                                                      | EOF                            | Charitable                       | 1,500     |
| Benedictine Sisters Convent<br>PO Box 488<br>Cullman, AL 35055                                             | None                                                                                                      | EOF                            | Charitable                       | 1,000     |
| <b>Total</b> . . . . .  |                                                                                                           |                                |                                  | 2,210,418 |
| <b>3a</b>                                                                                                  |                                                                                                           |                                |                                  |           |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| St Bernard Abbey<br>1600 St Bernard Drive SE<br>Cullman, AL 35055                                        | None                                                                                                      | EOF                            | Charitable                       | 2,500     |
| St Francis Catholic Church 811 5th Ave<br>Tuscaloosa, AL 35401                                           | None                                                                                                      | EOF                            | Charitable                       | 15,000    |
| Boys and Girls Club<br>1275 Peachtree St NW<br>Atlanta, GA 30309                                         | None                                                                                                      | EOF                            | Charitable                       | 1,330     |
| AL School Readiness Alliance<br>PO Box 4433<br>Montgomery, AL 36103                                      | None                                                                                                      | EOF                            | Charitable                       | 10,000    |
| St Anne's Home 2772 Hanover Circle S<br>Birmingham, AL 35205                                             | None                                                                                                      | EOF                            | Charitable                       | 10,000    |
| <b>Total . . . . .</b> ▶<br><b>3a</b>                                                                    |                                                                                                           |                                |                                  | 2,210,418 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| Catholic Charities 721 N LaSalle<br>Chicago, IL 60654                                                    | None                                                                                                      | EOF                            | Charitable                       | 10,000    |
| Kings Home 221 Kings Home Dr<br>Chelsea, AL 35043                                                        | None                                                                                                      | EOF                            | Charitable                       | 5,000     |
| Prince of Peace Catholic Church<br>4600 Preserve Pkwy<br>Hoover, AL 35226                                | None                                                                                                      | EOF                            | Charitable                       | 10,000    |
| Children's Hands on Museum<br>2213 University Blvd<br>Tuscaloosa, AL 35401                               | None                                                                                                      | EOF                            | Charitable                       | 2,000     |
| Easter Seals West Alabama<br>1400 James I Harrison Jr Pkwy Ea<br>Tuscaloosa, AL 35405                    | None                                                                                                      | EOF                            | Charitable                       | 50,000    |
| <b>Total . . . . .</b> <b>3a</b>                                                                         |                                                                                                           |                                |                                  | 2,210,418 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| Big Brothers Big Sisters<br>2202 N Westshore Blvd Ste 455<br>Tampa, FL 33607                             | None                                                                                                      | EOF                            | Charitable                       | 1,000     |
| Univ of AL Rise Foundation<br>PO Box 870305<br>Tuscaloosa, AL 35487                                      | None                                                                                                      | EOF                            | Charitable                       | 3,000     |
| Foundation for Mitochondria<br>1266 W Paces Ferry Rd Ste 301<br>Atlanta, GA 30327                        | None                                                                                                      | EOF                            | Charitable                       | 30,000    |
| Shelton State Community College Fou<br>9500 Old Greensboro Rd<br>Tuscaloosa, AL 35405                    | None                                                                                                      | EOF                            | Charitable                       | 2,500     |
| Tuscaloosa Child Care Detention Svc<br>6001 12th Ave E<br>Tuscaloosa, AL 35405                           | None                                                                                                      | EOF                            | Charitable                       | 5,000     |
| <b>Total . . . . .</b> ►<br><b>3a</b>                                                                    |                                                                                                           |                                |                                  | 2,210,418 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| Caring Days 943 31st St E<br>Tuscaloosa, AL 35405                                                        | None                                                                                                      | EOF                            | Charitable                       | 1,000     |
| Shirley Place Foundation Inc<br>810 Overlook Rd N<br>Tuscaloosa, AL 35406                                | None                                                                                                      | EOF                            | Charitable                       | 15,000    |
| The University of AL Adapted Athlet<br>PO Box 870312<br>Tuscaloosa, AL 35487                             | None                                                                                                      | EOF                            | Charitable                       | 2,500     |
| Alabama Institute for Deaf Blind<br>205 Sout Street E<br>Talladega, AL 35160                             | None                                                                                                      | EOF                            | Charitable                       | 10,000    |
| Live Beyond 2110 Gladstone Ave<br>Nashville, TN 37211                                                    | None                                                                                                      | EOF                            | Charitable                       | 25,000    |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                  | 2,210,418 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| Franciscan Missions PO Box 130<br>Waterford, WI 53185                                                    | None                                                                                                      | EOF                            | Charitable                       | 3,000     |
| Auburn University Foundation<br>317 South College Street<br>Auburn, AL 36849                             | None                                                                                                      | EOF                            | Charitable                       | 5,000     |
| Univ of AL Office of Advancement<br>Box 870101<br>Tuscaloosa, AL 35487                                   | None                                                                                                      | EOF                            | Charitable                       | 10,000    |
| Sprayberry School 2300 26th Avenue<br>Northport, AL 35476                                                | None                                                                                                      | EOF                            | Charitable                       | 500,000   |
| Family Counseling Services<br>2020 Paul W Bryant Dr<br>Tuscaloosa, AL 35401                              | None                                                                                                      | EOF                            | Charitable                       | 25,000    |
| <b>Total . . . . .</b> ►<br><b>3a</b>                                                                    |                                                                                                           |                                |                                  | 2,210,418 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| West Alabama Food Bank PO Box 805<br>Northport, AL 35476                                                 | None                                                                                                      | EOF                            | Charitable                       | 5,000     |
| University of Alabama Crossing Poin<br>PO Box 870232<br>Tuscaloosa, AL 35487                             | None                                                                                                      | EOF                            | Charitable                       | 600       |
| Tuscaloosa County Preservation Soci<br>1010 Greensboro Ave<br>Tuscaloosa, AL 35401                       | None                                                                                                      | EOF                            | Charitable                       | 1,000     |
| Boy Scouts of America<br>1325 West Walnut Hill Lane<br>Irving, TX 75015                                  | None                                                                                                      | EOF                            | Charitable                       | 10,000    |
| Ronald McDonald House One Kroc Dr<br>Oak Brook, IL 60523                                                 | None                                                                                                      | EOF                            | Charitable                       | 50,000    |
| <b>Total . . . . .</b> ►<br><b>3a</b>                                                                    |                                                                                                           |                                |                                  | 2,210,418 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| Tuscaloosa Public Library Foundatio<br>1801 Jack Warner Pkwy<br>Tuscaloosa, AL 35401                     | None                                                                                                      | EOF                            | Charitable                       | 3,000     |
| Milan Baptist Church 27 3rd Ave<br>Milan, GA 31060                                                       | None                                                                                                      | EOF                            | Charitable                       | 3,000     |
| Our Lady of the Valley Catholic Chu<br>5514 Double Oak Ln<br>Birmingham, AL 35242                        | None                                                                                                      | EOF                            | Charitable                       | 19,000    |
| Boys and Girls Club<br>1275 Peachtree St NW<br>Atlanta, GA 30309                                         | None                                                                                                      | EOF                            | Charitable                       | 500       |
| St Francis Catholic Church 811 5th Ave<br>Tuscaloosa, AL 35401                                           | None                                                                                                      | EOF                            | Charitable                       | 2,056     |
| <b>Total . . . . .</b> ►<br><b>3a</b>                                                                    |                                                                                                           |                                |                                  | 2,210,418 |

**TY 2016 Accounting Fees Schedule****Name:** The James I Harrison Family Foundation**EIN:** 58-2327810**Software ID:** 16000303**Software Version:** 2016v3.0

| <b>Category</b>                        | <b>Amount</b> | <b>Net Investment<br/>Income</b> | <b>Adjusted Net<br/>Income</b> | <b>Disbursements<br/>for Charitable<br/>Purposes</b> |
|----------------------------------------|---------------|----------------------------------|--------------------------------|------------------------------------------------------|
| Green, Neuschwander and Manning<br>LLC | 5,000         | 4,000                            | 0                              | 1,000                                                |

**TY 2016 Other Expenses Schedule****Name:** The James I Harrison Family Foundation**EIN:** 58-2327810**Software ID:** 16000303**Software Version:** 2016v3.0**Other Expenses Schedule**

| Description                       | Revenue and<br>Expenses per<br>Books | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |
|-----------------------------------|--------------------------------------|--------------------------|------------------------|---------------------------------------------|
| Filing Fees                       | 262                                  |                          |                        |                                             |
| Investment Expenses- pass through | 3,066                                | 3,066                    |                        |                                             |

**TY 2016 Taxes Schedule****Name:** The James I Harrison Family Foundation**EIN:** 58-2327810**Software ID:** 16000303**Software Version:** 2016v3.0

| Category             | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
|----------------------|--------|--------------------------|------------------------|---------------------------------------------|
| Federal Taxes Paid   | 6,454  |                          |                        |                                             |
| Foreign Tax Withheld | 503    | 503                      |                        |                                             |

Recipient's Name and Address:  
JAMES I HARRISON FAMILY  
FOUNDATION

Account Number: Q2M-300701  
Recipient's Identification  
Number \*\*-\*\*\*7810

2016 TAX and  
YEAR-END STATEMENT  
As of 02/22/2017

TRANSACTIONS WE DO NOT REPORT TO THE IRS

(Continued)

ADVISORY FEES AND OTHER EXPENSES

(Continued)

| Transaction Type    | Description | CUSIP | Date Paid  | Amount     |
|---------------------|-------------|-------|------------|------------|
| MANAGEMENT FEE PAID |             |       | 04/12/2016 | (942 55)   |
| MANAGEMENT FEE PAID |             |       | 07/14/2016 | (1,253 90) |
| MANAGEMENT FEE PAID |             |       | 10/17/2016 | (827 39)   |
| Total               |             |       |            | (3,599 45) |

Advisory Fees and Other Expenses. Certain Advisory Fees and Other Expenses charged to your account during the tax year will be displayed in this section. Advisory fees are generally deductible to the extent they exceed 2% of your AGI on IRS Form 1040, Schedule A

TAX INFORMATION STATEMENT INSTRUCTIONS.

The Tax Information Statement provides a detailed summary of your account transactions during 2016. It includes information related to transactions we are required to report to the IRS, as well as information that we do not report. The instructions are provided to help you prepare your tax returns. For a more detailed explanation of your Tax Information Statement and to view the Tax Guide, please visit mytaxhandbook.com. If your account was transferred to our firm during 2016, your Tax Information Statement only includes your activity during the time you conducted business with our firm. Your former firm should provide you with IRS Form 1099 reporting for prior activity. These instructions have been tailored for use by taxpayers that are U.S. individuals who are investors for tax purposes.

Additional Information.

**Recipient's Identification Number** For your protection, this form shows only the last four digits of your Social Security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN) or employer identification number (EIN). However, Pershing LLC will report your complete identification number to the IRS and, where applicable, to state and/or local governments.

**Account Number** A unique number the payer assigned to distinguish your account.

**FATCA Filing Requirement.** If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the Instructions to Form 8938. For 2016 this box has been intentionally left blank.

**Electronic Delivery.** The IRS allows for the electronic delivery of 1099 forms, and Pershing offers electronic delivery of this Tax Information Statement. If you would like to receive electronic delivery, speak to your advisor for more information.

**Nominee Recipients.** If your truncated Social Security number or Employer Identification Number is shown on your Tax Information Statement, and the statement includes amounts belonging to another person, you are considered a nominee recipient. Generally, you must file IRS Form 1099 for each of the other owners, showing the income allocable to each. File the applicable IRS Form 1099, along with IRS Form 1096 (Annual Summary and Transmittal of U.S. Information Returns), with the IRS center in your area. List yourself as the payer on IRS Form 1099 and as the filer on IRS Form 1096. List the other owner(s) as the recipient(s) on IRS Form 1099. You must provide a copy of each IRS Form 1099 you file to the other owner(s). Spouses are not required to file a nominee return to show amounts owned by their spouse.

**Payer.** The payer for all transactions on your Tax Information Statement is Pershing LLC (Taxpayer Identification Number 13 2741729). This name and Taxpayer Identification Number should be listed wherever the payer's name is requested on an IRS form with respect to amounts reported on your Tax Information Statement.

**Corrections.** Please review your Tax Information Statement. If it is incorrect, contact your advisor or financial organization. If necessary, we will promptly correct the information provided to the IRS and mail a Revised Tax Information Statement to you. After the initial mailing, revised statements will begin mailing in February and will be mailed at least weekly from March through the end of June. Per recent revisions to the Tax Code, if we make an income correction to your account after issuing your tax statement and the correction is an increase or decrease of less than \$100 of income we may not send you a revised tax statement. If you would like to receive revisions that are less than \$100 please contact your Investment Professional. This change to the law is first effective for tax statements filed with the IRS or furnished to you after December 31, 2016.

**Federal Income Tax Withheld.** Federal income tax withheld is 28% of interest, dividends and proceeds from broker and barter exchange transactions, and could be reported in any of these sections of your Tax Information Statement. Backup withholding applies when certain conditions exist. If this Tax Information Statement reflects backup withholding, you may need to provide a new IRS Form W-9 (Request for Taxpayer Identification Number and Certification). See IRS Form W-9 for information on backup withholding and how to furnish your Taxpayer Identification Number.

**State and Local Tax Reporting.** We are required to provide information to a number of state and local jurisdictions. This guide describes the federal tax reporting requirements. We are required to report information to California, Connecticut, Minnesota, New York and Rhode Island concerning municipal bond interest income earned from bonds not issued by these states. We report certain 1099 information directly to California, Kansas, Massachusetts, North Dakota and Oklahoma. For 2016, we withheld, remitted and reported state income tax for California, Maine and South Carolina according to the requirements of those states. We also provided tax information to Puerto Rico as required by the Puerto Rico taxing authority. Check with your tax professional for your specific state and local tax reporting requirements.

**Cost Basis Adjustments.** There are times when your cost basis reported from a broker will not match your calculations for reporting purposes. IRS Form 8949 allows you and the IRS to reconcile amounts that were reported to you and the IRS on IRS Form 1099-B with the amounts you report on your return.

**Important Note Concerning Cost Basis.** Your original cost basis for each security affects much of the reporting in this document. You should pay special attention to the basis of any item where we received the basis from you or a third party. If the original basis shown in this tax document is not correct, then the results of our calculations will likewise produce incorrect results. The IRS requires us to remind you that the taxpayer is ultimately responsible for the accuracy of your tax return.