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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491163004257

2016

OMB No 1545-0052

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

Open to Public Inspection

A Implementation number Sale and Control Sale	For	caler	ndar year 2016, or tax year beginning 01-01-2	016 , a	nd er	nding 12-31-	2016	
B. Telephone number (see natious only) Boury South						A Employer ide	entification numbe	r
1951 TAVACESNOCK DOING Come County, addition province, country, end ZPP or firerour restal code Come County, addition province, country, end ZPP or firerour restal code Come County, addition province, country, end ZPP or firerour restal code Come County, addition province, country, end ZPP or firerour restal code Come County, addition province, country, end ZPP or firerour restal code Come Country, addition province, country, end ZPP or firerour restal code Come Country, addition province, country, end ZPP or firerour restal code Come Country, addition province, country, end ZPP or firerour restal code Come Country, addition province, country, end ZPP or firerour restal code Come Country, addition province, country, end ZPP or firerour restal code Come Country, addition province, country, end ZPP or firerour restal code Country or Country, addition province, country, end ZPP or firerour restal code Country or Country, addition, additi						58-2391279		
Comparison, state or strong, causing, and AP or famous patients of a former public change Comparison, state or strong and a former public change Comparison, causing and causing and a former public change Comparison, causing and causing) Room/suite		B Telephone nu	mber (see instructior	ns)
Commands on solutions (2), (2), and (2) and (2) are consistent of a former public charty Commands on solutions (2), (2), and (2) are consistent on the country (3) and (3) are consistent on the country (4) and (3) are consistent on the country (4) and (4) are consistent on the country (4), and (4) are consistent on the country (4) are		,,,,	ISLESING IN SILVE					
G Check all that apply Instal return Instal return of a former public chanty Instal return Anemoded return Ane				•		C If exemption	application is pending	a. check here
Final return								• □
Contribution of Colors o	G Ch	eck al				D 1. Foreign or	ganızatıons, check he	ere 🕨 🔲
Michael Stype of organization Section SDI(c)(3) exempt private foundation Section 4927(a)(1) nenewers the standard state Section 4927(a)(1) nenewers Section 4927(a)(1) nenewer								
## Check type of organization ## Section 991(c)(3) exempt private foundation			<u> </u>			E If private fou	ındatıon status was t	erminated \Box
Far market value of all assets at end of lower (specify)			· · · · · · · · · · · · · · · · · · ·			under sectio	n 507(b)(1)(A), chec	k here 🕨 🗀
or year (from Part II, col. (c), included (c), included (c), included (c), included (c), included (c), included (c), and (c), an					!	E If the founds	tuan 12 in 2 60 manth	
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) any, not necessarily equal the amounts in columns (b), (c), and (d) any, not necessarily equal the amounts in columns (b), (c), and (d) any, not necessarily equal the amounts in columns (b) (see instructions) (a) Revenue and expenses and expens	of '	year <i>(f</i>	rom Part II, col (c),	Cash L Accru	ıaı			
Total Add Interest or Catach Schedule 1 1 1 1 1 1 1 1 1	line	: 16)▶		t be on cash basis)				
1000 1000	Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Bayanya and				(d) Disbursements
1				expenses per	(b)			
1000 2 Check			equal the amounts in column (a) (see instructions))	books				
2 Check		1		434,591				
Sch 8		2	<u></u>					
10 Dividends and interest from securities 42,055		_	Sch B					
100		3		11				
December 2000 December 200		_		42,055	5	42,055	42,055	
100 100								
8 Net short-term capital gain 0 0	ө		• ,	-52 443	, ,			
8 Net short-term capital gain 0 0	Ξ	_	- , , ,	,				
8 Net short-term capital gain 0 0	eve		•	3		0		
9 Income modifications	~						0	
b Less Cost of goods sold		9	· -					
C Gross profit or (loss) (attach schedule)		10a	Gross sales less returns and allowances					
11 Other income (attach schedule) 2 5,788 6,788 6,788 48,854		b	Less Cost of goods sold					
12 Total. Add lines 1 through 11		С	Gross profit or (loss) (attach schedule)					
13 Compensation of officers, directors, trustees, etc 1,200 0 0 1,200 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) 17 Interest 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (attach schedule) 24 Total operating and administrative expenses. 25 Contributions, gifts, grants paid		11	Other income (attach schedule)	6,788	3	6,788	6,788	
14 Other employee salaries and wages		12	Total. Add lines 1 through 11	431,003	3	48,854	48,854	
15 Pension plans, employee benefits		13		1,200)	0	0	1,200
16a Legal fees (attach schedule)			· ·					
Total expenses and disbursements. Add lines 24 and 25	ses							
Total expenses and disbursements. Add lines 24 and 25	ē	_	,	96-1 2.225		2 225	0	
Total expenses and disbursements. Add lines 24 and 25	Exp				-			
Total expenses and disbursements. Add lines 24 and 25	Ve		·	9,912	-	9,912	9,912	
Total expenses and disbursements. Add lines 24 and 25	ratı			96. 6.758	3	6.178	n	n
Total expenses and disbursements. Add lines 24 and 25) St		, , ,	3,730		5,2,0		
Total expenses and disbursements. Add lines 24 and 25	<u>=</u>				1			
Total expenses and disbursements. Add lines 24 and 25	AG			3,940		0	0	3,940
Total expenses and disbursements. Add lines 24 and 25	and			,				
Total expenses and disbursements. Add lines 24 and 25	βį		Other expenses (attach schedule)					
Total expenses and disbursements. Add lines 24 and 25	atıı	24	Total operating and administrative expenses.					
Total expenses and disbursements. Add lines 24 and 25	<u>Be</u>		Add lines 13 through 23	24,135	5	18,415	9,912	5,140
25 222,135 18,415 9,912 203,140 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-)	0	25	Contributions, gifts, grants paid	198,000			-	198,000
27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-)		26	·		_			
a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-)		27		222,135		18,415	9,912	203,140
disbursements b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-)				208,868	3			
c Adjusted net income(if negative, enter -0-)			disbursements		1	20.420		
						30,439	38 ዐላጋ	
	For				<u> </u>	Cat No 11280V		m 990-PF (2016)

192,109

9,742

2,189,514

2,189,514

2,189,514

2,189,514

192,109

8,898

2,398,382

2,398,382

2,398,382

2

3

4

5

6

2,189,514

2,398,382

2,398,382

Form 990-PF (2016)

208,868

0

192,109

8,898

2,632,172

Investments—land, buildings, and equipment basis ▶ ___

Less accumulated depreciation (attach schedule) ▶

Less accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe -

Unrestricted

Temporarily restricted

Permanently restricted . .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶ _

Other increases not included in line 2 (itemize) ▶ _____

Accounts payable and accrued expenses

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

11

12 13

14

15

16

17 18

19

20 21

22

23

24

25

26

28

29

30

31

Part III

2

3

Liabilities

Balances

Fund

ŏ

Assets 27

Net

(2016) Page					
Capital Gains and Losses for Tax on Investment Income					
(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)		
ditional Data Table					

(e) Gross sales price	(f) Depreciation allowed

Cost or other basis (or allowable) plus expense of sale

(g)

(k)

Excess of col (1)

over col (j), if any

(e) plus (f) minus (g)

(h)

Gain or (loss)

(I)

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) Adjusted basis FMV as of 12/31/69 as of 12/31/69 a See Additional Data Table

1aSee Additional Data Table

a See Additional Data Table

b C d e

b C d e

b c d е

Gains (Col (h) gain minus

2

3

col (k), but not less than -0-) or Losses (from col (h))

If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0in Part I, line 8 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)

Capital gain net income or (net capital loss)

Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)

Net value of noncharitable-use assets

2,194,776

1,190,365

1,169,131

1,345,327

2

3

4

5

6

7

8

50,635

If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7

(d) Distribution ratio

(col (b) divided by col (c))

-52,442 -38,184

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

(a)

Base period years Calendar

year (or tax year beginning in)

2015

2014

2013

2012

2011

2 Total of line 1, column (d)

5 Multiply line 4 by line 3

instructions

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

number of years the foundation has been in existence if less than 5 years

4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5

6 Enter 1% of net investment income (1% of Part I, line 27b)

8 Enter qualifying distributions from Part XII, line 4

Adjusted qualifying distributions

3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the

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

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

130,448

66,839

64,327

35,925

49,000

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

(j)

∐ Yes 🗹 No

0 059436

1 320016

0 054040

0 030728

0 036422

1 500642

0 300128

1,962,260

588,929

589,233

203,140

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304

	If "Yes," attach the statement requir	ed b	y Regulations section 53	4945-5(d)					
6 a	Did the foundation, during the year,	rece	eive any funds, directly or	indirectly, to pay premiu	ims on				
	a personal benefit contract?				· 🗌 Yes 🗸				
b	Did the foundation, during the year,	pay	premiums, directly or ind	irectly, on a personal bei	nefit contract?	NO	6b		No
	If "Yes" to 6b, file Form 8870					Ī			
7a	At any time during the tax year, was	the	foundation a party to a p	rohibited tax shelter tran	nsaction? Yes				
b	If yes, did the foundation receive an				∟ Yes 💌	No	7b		
	Information About O		· · · · · · · · · · · · · · · · · · ·		nagers, Highly Paid Er	nplov	vees.		
Pa	and Contractors		,,		g, g ,		, ,		
1	List all officers, directors, trustee	s. f	oundation managers an	d their compensation	(see instructions).				
	List all officers, affectors, trastee	<i>5</i> ,			(d)				
	(a) Name and address		Title, and average hours per week	(c) Compensation (If not paid, enter	Contributions to employee			se acc	
	(a) mame and address	(b) devoted to position	-0-)	benefit plans and deferred	(e) other allowan		nces	
	Addıtıonal Data Table		-	-	compensation	1			
see	Additional Data Table								
						-			
2	Compensation of five highest-pai	d er	nployees (other than th	ose included on line 1		ne, er	nter "l	NONE.	
	(a)		Title, and average		Contributions to				
Na	ame and address of each employee pa	ıd	hours per week	(c) Compensation	employee benefit plans and deferred			e acco allowar	
	more than \$50,000		(b) devoted to position		(d) compensation	(0)		anomai	1000
NON	E								
			1						
			1						
			1						
Tota	I number of other employees paid over	r¢	50,000	1					
OLA	in number of other employees paid over	н фС		· · · · · · · · ·		Г	004)-PF (2016
						For	пээ	,-PF	/U15

Form 990-PF (2016)		Page 7
Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Pa	aid Employees,
3 Five highest-paid independent contractors for professional service	ces (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		
Total number of others receiving over \$50,000 for professional services		• 0
Part IX-A Summary of Direct Charitable Activities		_
List the foundation's four largest direct charitable activities during the tax year Include rel		r of Expenses
organizations and other beneficiaries served, conferences convened, research papers produ	uced, etc	
1		
		
2		
2		
2		
3		
		
4		
4		
Part IX-B Summary of Program-Related Investments (see	<u> </u>	
Describe the two largest program-related investments made by the foundation during t	the tax year on lines 1 and 2	Amount
1		
2		+
2		
All other program-related investments. See instructions		
all other program-related investments. See instructions		
<u> </u>		
Total. Add lines 1 through 3		▶ 0
		Form 990-PF (2016)

1a

1b

2

3a 3b

4

5

203,140

203.140

203.140

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Part XII

1

2

3

4

5

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

2016

(c)

2015

Page 9

97.504

97.504

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70-F1 (2010)									
XIII	Undistributed Income (see instructions)								

1 Distributable amount for 2016 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2016 a Enter amount for 2015 only.

Excess distributions carryover, if any, to 2016

f Total of lines 3a through e.

d Applied to 2016 distributable amount. e Remaining amount distributed out of corpus

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount —see instructions e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2017.

10 Analysis of line 9 a Excess from 2012. . **b** Excess from 2013. .

c Excess from 2014. . . .

d Excess from 2015. .

e Excess from 2016. . .

Subtract lines 7 and 8 from line 6a

4 Qualifying distributions for 2016 from Part

a Applied to 2015, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

23.224

21,259

23.224

21,259

105.636

(a)

Corpus

44,483

105.636

150,119

150,119

(b)

Years prior to 2015

Form 990-PF (2)	016)
Part XIII	Un

Form 990-PF (2	016)
Part XIII	Und

Form 990-PF (20	016)
Part XIII	Undistr

b Total for prior years

From 2011. . . . **b** From 2012. . . . c From 2013. .

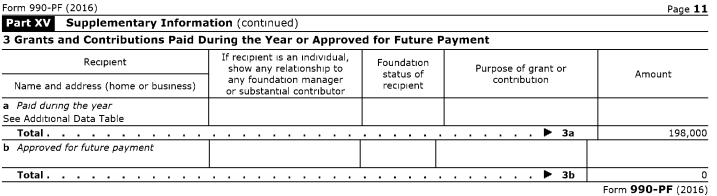
d From 2014. . . .

XII, line 4 > \$

indicated below:

e From 2015.

orr	n 990-PF (2016)					Page 10
P	art XIV Private Operating Found	ations (see instr	uctions and Part \	/II-A, question 9)		
La	If the foundation has received a ruling or de foundation, and the ruling is effective for 20			erating		1998-06-30
b	Check box to indicate whether the organizat	ck box to indicate whether the organization is a private operating foundation described in section \Box 4942(j)(3) or \Box 4] 4942(_J)(5)
2a	Enter the lesser of the adjusted net	Tax year	Prior 3 years			(e) Total
	income from Part I or the minimum investment return from Part X for each year listed	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(c) Total
b	85% of line 2a					
С	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
e	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
	Complete 3a, b, or c for the alternative test relied upon					
а	"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					
С	"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)					
	from an exempt organization (4) Gross investment income					
	Supplementary Information	(Complete this	part only if the	organization ha	d \$5,000 or more	e in
Pa	assets at any time during th				. ,	
L a	Information Regarding Foundation Man . List any managers of the foundation who have before the close of any tax year (but only if	e contributed more				n
ь	List any managers of the foundation who ow					
	ownership of a partnership or other entity)					
2	Information Regarding Contribution, Gr		• • •	2		
	Check here \blacktriangleright \square if the foundation only mak unsolicited requests for funds If the founda other conditions, complete items 2a, b, c, a	tion makes gifts, gr				der
а	The name, address, and telephone number of	or email address of	the person to whom	applications should	be addressed	
b	The form in which applications should be sul	bmitted and informa	ation and materials t	hey should include		
c	Any submission deadlines					
d	Any restrictions or limitations on awards, su factors	ch as by geographic	cal areas, charitable	fields, kinds of instit	utions, or other	



inter gross amounts unless otherwise indica	ted Unrelated bu	Unrelated business income		Excluded by section 512, 513, or 514		
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)	
a	_					
b						
c						
e						
f						
g Fees and contracts from government a						
Membership dues and assessmentsInterest on savings and temporary cash						
investments	900001	11				
4 Dividends and interest from securities.	-	42,055				
5 Net rental income or (loss) from real est a Debt-financed property						
b Not debt-financed property	-					
6 Net rental income or (loss) from person						
7 Other investment income	900001	6,788				
B Gain or (loss) from sales of assets othe		-52,442	T			
Inventory		-32,442				
O Gross profit or (loss) from sales of inven	ntory					
1 Other revenue a	_					
b						
d						
de		-3,588		() (
de 2 Subtotal Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and	d (e)	-3,588	13	3	-3,588	
d e 2 Subtotal Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and see worksheet in line 13 instructions to veri	d (e)		13			
d e 2 Subtotal Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and see worksheet in line 13 instructions to verificate and the accomplishment of the four the accomplishment of the four endings.	d (e)	ment of Exempted in column (e) of	ot Purposes Part XVI-A contribu	ted importantly to	-3,588	
e 2 Subtotal Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and ee worksheet in line 13 instructions to veri Part XVI-B Relationship of Activ the accomplishment of the four	d (e)	ment of Exempt of in column (e) of other than by prov	pt Purposes Part XVI-A contribu	ted importantly to	-3,588	
d e 2 Subtotal Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and ee worksheet in line 13 instructions to vericant XVI-B Relationship of Activities Explain below how each activities the accomplishment of the four instructions)	d (e)	ment of Exempt of in column (e) of other than by prov	pt Purposes Part XVI-A contribu	ted importantly to	-3,588	
d e 2 Subtotal Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and see worksheet in line 13 instructions to vericant XVI-B Relationship of Activity the accomplishment of the four instructions)	d (e)	ment of Exempt of in column (e) of other than by prov	pt Purposes Part XVI-A contribu	ted importantly to	-3,588	
d e 2 Subtotal Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and see worksheet in line 13 instructions to vericant XVI-B Relationship of Activity the accomplishment of the four instructions)	d (e)	ment of Exempt of in column (e) of other than by prov	pt Purposes Part XVI-A contribu	ted importantly to	-3,588	
d e 2 Subtotal Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and see worksheet in line 13 instructions to verically represented by the accomplishment of the four instructions)	d (e)	ment of Exempt of in column (e) of other than by prov	pt Purposes Part XVI-A contribu	ted importantly to	-3,588	
d e 2 Subtotal Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and see worksheet in line 13 instructions to verically represented by the accomplishment of the four instructions)	d (e)	ment of Exempt of in column (e) of other than by prov	pt Purposes Part XVI-A contribu	ted importantly to	-3,588	
d e 2 Subtotal Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and see worksheet in line 13 instructions to verically represented by the accomplishment of the four instructions)	d (e)	ment of Exempt of in column (e) of other than by prov	pt Purposes Part XVI-A contribu	ted importantly to	-3,588	
d e 2 Subtotal Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and see worksheet in line 13 instructions to verically represented by the accomplishment of the four instructions)	d (e)	ment of Exempt of in column (e) of other than by prov	pt Purposes Part XVI-A contribu	ted importantly to	-3,588	
d e 2 Subtotal Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and see worksheet in line 13 instructions to veri Part XVI-B Relationship of Activ Explain below how each activit the accomplishment of the four instructions)	d (e)	ment of Exempt of in column (e) of other than by prov	pt Purposes Part XVI-A contribu	ted importantly to	-3,588	
d e 2 Subtotal Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and see worksheet in line 13 instructions to veri Part XVI-B Relationship of Activ Explain below how each activit the accomplishment of the four instructions)	d (e)	ment of Exempt of in column (e) of other than by prov	pt Purposes Part XVI-A contribu	ted importantly to	-3,588	
d e 2 Subtotal Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and see worksheet in line 13 instructions to verically represented by the accomplishment of the four instructions)	d (e)	ment of Exempt of in column (e) of other than by prov	pt Purposes Part XVI-A contribu	ted importantly to	-3,588	
d e 2 Subtotal Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and see worksheet in line 13 instructions to verically represented by the accomplishment of the four instructions)	d (e)	ment of Exempt of in column (e) of other than by prov	pt Purposes Part XVI-A contribu	ted importantly to	-3,588	
d e 2 Subtotal Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and see worksheet in line 13 instructions to verically represented by the accomplishment of the four instructions)	d (e)	ment of Exempt of in column (e) of other than by prov	pt Purposes Part XVI-A contribu	ted importantly to	-3,588	
d e 2 Subtotal Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and see worksheet in line 13 instructions to veri Part XVI-B Relationship of Activ Explain below how each activit the accomplishment of the four instructions)	d (e)	ment of Exempt of in column (e) of other than by prov	pt Purposes Part XVI-A contribu	ted importantly to	-3,588	
d e 2 Subtotal Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and see worksheet in line 13 instructions to veri Part XVI-B Relationship of Activ Explain below how each activit the accomplishment of the four instructions)	d (e)	ment of Exempt of in column (e) of other than by prov	pt Purposes Part XVI-A contribu	ted importantly to	-3,588	
d e 2 Subtotal Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and see worksheet in line 13 instructions to veri Part XVI-B Relationship of Activ Explain below how each activit the accomplishment of the four instructions)	d (e)	ment of Exempt of in column (e) of other than by prov	pt Purposes Part XVI-A contribu	ted importantly to	-3,588	
d e 2 Subtotal Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and see worksheet in line 13 instructions to verically represented by the accomplishment of the four instructions)	d (e)	ment of Exempt of in column (e) of other than by prov	pt Purposes Part XVI-A contribu	ted importantly to	-3,588	
d e 2 Subtotal Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and see worksheet in line 13 instructions to veri Part XVI-B Relationship of Activ Explain below how each activit the accomplishment of the four instructions)	d (e)	ment of Exempt of in column (e) of other than by prov	pt Purposes Part XVI-A contribu	ted importantly to	-3,588	
d e 2 Subtotal Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and see worksheet in line 13 instructions to veri Part XVI-B Relationship of Activ Explain below how each activit the accomplishment of the four instructions)	d (e)	ment of Exempt of in column (e) of other than by prov	pt Purposes Part XVI-A contribu	ted importantly to	-3,588	

	,
I I	Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Par	t XVII	Information Re		ransi	fers To a	and Transac	tio	ns and	Relatio	nships With No	ncharit	able		
1 Dı (c	d the or) of the	rganization directly or in Code (other than sectio	directly enga	ge in organi	any of the	following with	any 7, re	other or	ganızatıo political (n described in sect organizations?	ion 501		Yes	No
a Tr	ansfers	from the reporting foun	dation to a ne	oncha	arıtable ex	empt organiza	tion	of						
(1	.) Cash	1									.	1a(1)		No
(2) Othe	er assets										1a(2)		No
b Ot	her trai	nsactions												
(1	.) Sale	s of assets to a nonchar	table exempt	t orga	nızatıon.							1b(1)		No
(2	(2) Purchases of assets from a noncharitable exempt organization								1b(2)		No			
(3	(3) Rental of facilities, equipment, or other assets									No				
(4	Reim	nbursement arrangemen	ts								.	1b(4)		No
(5) Loan	s or loan guarantees.					•					1b(5)		No
•	•	rmance of services or m			-						.	1b(6)		No
	_	f facilities, equipment, n			•						٠	1 c		No
of	the goo any tra	wer to any of the above ods, other assets, or ser insaction or sharing arra (b) Amount involved	vices given b ngement, sho	y the ow in	reporting column (c	foundation If	the the	foundatio goods, of	n receive ther asset	d less than fair mai	rket value Ived	e	ngemen	ıtc
(4)	ie ivo	(b) Amount involved	(C) Name of	Horicia	antable exe	mpt organization	+	(u) Des	cription or	cransiers, cransaccions	s, and snar	ing arra	ngemen	
							-							
							\top							
							_							
							_							
							+							
							+							
	_						+							
2a Is	the fou	indation directly or indire	ectly affiliated	with	, or relate	d to, one or m	ore t	tax-exem	pt organı	zations				
de	scribed	in section 501(c) of the	Code (other	than	section 50	01(c)(3)) or in	sect	ion 527?.			🗆	Yes	✓ N	lo
b If	"Yes," d	complete the following so	chedule											
		(a) Name of organization	n		(1	b) Type of organ	zatio	n		(c) Description	n of relatio	nship		
					-				-					
									1					
Sigr	of n	der penalties of perjury, ny knowledge and belief ch preparer has any kno	, it is true, co											
Her	1	*****				2017-06-06		**	****		May the IF with the pi			
	 	Signature of officer or ti	rustee			Date		— P ⊤ı	tle	_	(see instr			
		Print/Type preparer's		Prepa	arer's Sıgr	nature		Date		Check if self-	PTIN	P00849	9080	
Paic	i	T DENNIS CONNAL	LY							' '				
_	parei Only	Thin 5 hanner con	NALLY JORDA	AN & A	ASSOCIAT	ES P C		1			Fırm's El	IN ▶58	-18624	168
	J.111		83 CAMPBEL	LTON	STREET									
			DUGLASVILLE			20					Phone no	770 () 920-2	2890
		1								J.				

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, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)				(d) Date sold (mo , day, yr)		
WELLS FARGO ACCT 3436 SH	WELLS FARGO ACCT 3436 SHORT TERM COVERED						
WELLS FARGO ACCT 3436 LO	NG TERM COVERED	_					
WELLS FARGO ACCT 4846 SH	ORT TERM COVERED						
WELLS FARGO ACCT 4846 LO	NG TERM COVERED						
			Р				
Capital Gains Dividends			Р				
Form 990PF Part IV - Capital	Gains and Losses for Tax on	Investment I	ncome - Colum	ns e - h			
(e) Gross sales price	Depreciation allowed Cost or other basis (f) (or allowable) (g) plus expense of sale			Gain or (loss) (h) (e) plus (f) minus (g)			
481,306			508,830	-27,524			
360,914			351,382		9,532		
24,414			35,074		-10,660		
88,146			112,154		-24,008		
					0		
218					218		
Form 990PF Part IV - Capital	Gains and Losses for Tax on	Investment I	ncome - Colum	ns i - I			
Complete only for assets show	ving gain in column (h) and owned b	y the foundation	on 12/31/69		(h) gain minus		
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69		ss of col(ı) ol(ʒ), ıf any		t less than -0-) or rom col (h))		
					-27,524		
					9,532		
					-10,660		
					-24,008		
					0		
					218		
		1					

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation P JACK DAVIS PRESIDENT 200 0 3 00 1561 TANGLEBROOK DRIVE ATHENS, GA 30606 JOY F DAVIS VICE PRESIDENT 200 0 1 00 1561 TANGLEBROOK DRIVE ATHENS, GA 30606

JULIE D COUCH	SECRETARY	200	0	0
3427 PIERCE STREET COLLEGE PARK, GA 30337	3 00			
JANET DAVIS MANN	TREASURER	200	0	0
220 LEMBETH CT	0 25			

COLLEGE PARK, GA 30337				
JANET DAVIS MANN	TREASURER	200	0	0
220 LEMBETH CT ALPHARETTA, GA 30004	0 25			
CHUCK COUCH	DIRECTOR	200	0	0

0 25			
DIRECTOR	200	0	0
		DIRECTOR 200	DIRECTOR 200 0

ALPHARETTA, GA 30004				
CHUCK COUCH	DIRECTOR	200	0	0
3427 PIERCE STREET	0 25			

3427 PIERCE STREET COLLEGE PARK, GA 30337	0 25		-	
CHARLES S MANN	DIRECTOR	200	0	

0 25

220 LEMBETH CT ALPHARETTA, GA 30004

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment							
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount			
Name and address (home or business)	any foundation manager or substantial contributor	recipient					
a Paid during the year				1			
ALPHARETTA UMC 69 N MAIN STREET ALPHARETTA, GA 30009	NONE	RELIGIOUS	OPERATING EXPENSES	10,000			
ATHENS FIRST UNITED METHODIST CHURCH 327 NORTH LUMPKIN STREET ATHENS, GA 30601	NONE	RELIGIOUS	OPERATING EXPENSES	20,000			
CIVIL WAR TRUST 1156 15TH ST NW STE 900 WASHINGTON, DC 20005	NONE	PUBLIC	OPERATING EXPENSES	1,000			
COLLEGE PARK UMC 3726 E MAIN STREET COLLEGE PARK, GA 30337	NONE	PUBLIC	OPERATING EXPENSES	15,000			
FOOD BANK OF NORTHEAST GEORGIA 861 NEWTON BRIDGE RD ATHENS, GA 30606	NONE	PUBLIC	OPERATING EXPENSES	1,000			
MERCY HEALTH CENTER 700 OGLETHORPE AVE STE C7 ATHENS, GA 30606	NONE	RELIGIOUS	OPERATING EXPENSES	1,000			
NATIONAL FOOTBALL FOUNDATION 433 LAS COLINAS BLVD EAST STE 1130 IRVING, TX 75039	NONE	PUBLIC	OPERATING EXPENSES	10,000			
SAMARATIN CENTER 455 NORTH LUMPKIN STREET ATHENS, GA 30601	NONE	RELIGIOUS	OPERATING EXPENSES	500			
ST MARY'S HOSPITAL 1230 BAXTER STREET ATHENS, GA 30606	NONE	PUBLIC	OPERATING EXPENSES	5,000			
UGA ATHLETIC ASSOCIATION PO BOX 1472 ATHENS, GA 30603	NONE	PUBLIC	OPERATING EXPENSES	14,000			
UGA FEDERATION UNIVERSITY OF GEORGIA ATHENS, GA 30602	NONE	PUBLIC	OPERATING EXPENSES	50,000			
UGA FOUNDATION 394 SOUTH MILLEDGE AVE STE 100 ATHENS, GA 30602	NONE	PUBLIC	OPERATING EXPENSES	55,000			
WOODWARD ACADEMY 1662 RUGBY AVENUE COLLEGE PARK, GA 30337	NONE	PUBLIC	OPERATING EXPENSES	15,000			
YOUNG LIFE OF OTHERS PO BOX 520 COLORADO SPRINGS, CO 80901	NONE	RELIGIOUS	OPERATING EXPENSES	500			
Total				198,000			

efile GRAPHIC print - DO NOT P	ROCESS As Filed	Data -	DL	.N: 93491163004257				
TY 2016 Accounting Fe	es Schedule							
J								
Name: DAVIS FAMILY FOUNDATION INC EIN: 58-2391279								
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes				
ACCOUNTING	2,325	2,325	0	0				

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491163004257
TY 2016 Investments Corporat	e Stock Sche	dule

Name: DAVIS FAMILY FOUNDATION INC

EIN: 58-2391279

	Name of Stock	End of Year Book Value	End of Year Fair Market Value
COMMON STOCK		2,027,934	2,261,724

TY 2016 Investments - Land Schedule	

DLN: 93491163004257

EIN: 58-2391279

Name: DAVIS FAMILY FOUNDATION INC

Category/ Item	Cost/Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
BRIDGESTONE PKWY- DEVELOPED	192,109	0	192,109	192,109

Description

efile GRAPHIC print - DO NOT PROCESS

Name: DAVIS FAMILY FOUNDATION INC.

DUE FROM JACK DAVIS

Othor	Accete	Schodul

EIN:	58-2391279	

			Bas	

nd	of	Year	-	Fair	

As Filed Data -

Beginning of Year -

Book Value

9,742

Value

8,898

DLN: 93491163004257

Market Value

8,898

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Name: DAVIS FAMILY FOUNDATION INC EIN: 58-2391279

NONDIVIDEND DISTRIBUTION 4846

Other Income Schedule					
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income		
NONDIVIDEND DISTRIBUTION 3436	3,354	3,354	3,354		

3,434

DLN: 93491163004257

3,434

3,434

efile GRAPHIC print - DO NOT PROCES	SS As Filed Data	-	DLI	N: 93491163004257			
TY 2016 Other Professional Fees Schedule							
Name: DAVIS FAMILY FOUNDATION INC							
EIN: 58-2391279							
Category	Amount	Not Investment	Adjusted Net	Dichurcomente			

	EIN: 30-23912/9			
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

4,763

5,149

4,763

5,149

4,763

5,149

ADVISORY FEES WELLS FARGO 3436

ADVISORY FEES WELLS FARGO 4846

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491163004257				
TY 2016 Substantial Contributors							
Schedule							
Name:	DAVIS FAMILY	Y FOUNDATION 1	·NC				
	58-2391279	100142711211					
Name			Address				
P JACK DAVIS			NGLEWOOD DRIVE , GA 30606				

efile GRAPHIC print - DO NOT PROCE	ESS As Filed Data	-	DLN	N: 93491163004257		
TY 2016 Taxes Schedule						
Name: DAVIS FAMILY FOUNDATION INC EIN: 58-2391279						
Category Amount Net Investment Adjusted Net Disbursements Income Income Purposes						
PROPERTY TAXES	6,148	6,148	0	0		
SECRETARY OF STATE	30	30	0	0		
2015 INCOME TAX	580	0	0	0		

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491163004257						
Schedule B (Form 990, 990-EZ,	defication of deficitions		-	OMB No 1545-0047		
or 990-PF) Department of the Treasury Internal Revenue Service	► Information about Schedule B (Form 990, 990-	► Attach to Form 990, 990-EZ, or 990-PF ► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990		2016		
Name of the organizat DAVIS FAMILY FOUNDAT			Employer ide	entification number		
			58-2391279			
Organization type (che	eck one)					
Filers of:	Section:					
Form 990 or 990-EZ						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	☐ 527 political organization					
Form 990-PF	501(c)(3) exempt private foundation	☑ 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
141	ation filing Form 990, 990-EZ, or 990-PF that receiv r property) from any one contributor Complete Parts		_	•		
Special Rules						
under sections to under sections to under sections to the under sections are under sections.	tion described in section 501(c)(3) filing Form 990 oi 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedul ny one contributor, during the year, total contribution ne 1h, or (ii) Form 990-EZ, line 1 Complete Parts I a	le A (Form 990 or 990-EZ), Pa s of the greater of (1) \$5,000 o	art II, line 13, 1	16a, or 16b, and that		
during the year,	tion described in section 501(c)(7), (8), or (10) filing total contributions of more than \$1,000 exclusively the prevention of cruelty to children or animals. Con	or religious, charitable, scienti				
during the year, If this box is che purpose Do not	tion described in section 501(c)(7), (8), or (10) filing contributions exclusively for religious, charitable, etc cked, enter here the total contributions that were recomplete any of the parts unless the General Rule lable, etc, contributions totaling \$5,000 or more during	c , purposes, but no such cont ceived during the year for an e applies to this organization be	ributions total exclusively reli ecause it rece	ed more than \$1,000 igious, charitable, etc , eved <i>nonexclusively</i>		
990-EZ, or 990-PF), bu	on that is not covered by the General Rule and/or the tit must answer "No" on Part IV, line 2, of its Form 9 form 990PF, Part I, line 2, to certify that it does not n	990, or check the box on line H	d of its			
For Paperwork Reduction for Form 990, 990-EZ, or 99		30613X Schedul	e В (Form 990,	990-EZ, or 990-PF) (2016)		

Page 3

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Name of organization DAVIS FAMILY FOUNDATION INC. Part II Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed (a) (b) No.from Description of noncash property given Part I See Additional Data Table (a) (b) No.from Description of noncash property given Part I (a) (b) No.from Description of noncash property given Part I

(b)

Description of noncash property given

(b)

Description of noncash property given

(b)

Description of noncash property given

Employer identification number 58-2391279 (c) (d) FMV (or estimate) Date received (see instructions)

\$

(c)

\$

(c)

FMV (or estimate)

(see instructions)

(c)

FMV (or estimate)

(see instructions)

(c)

FMV (or estimate)

(see instructions)

\$

(d)

FMV (or estimate) (see instructions)

Date received

(c) FMV (or estimate) (see instructions)

(d) Date received

ived

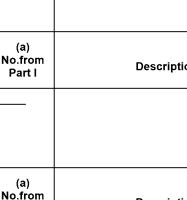
Date	(d) rece
	(d)

(d) Date received

(d)

Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)



(a)

Part I

(a)

No.from

Part I

(a)

No.from

Part I

Schedule B (Form 9	990, 990-EZ, or 990-PF) (2016)		Page 4
Name of organizat DAVIS FAMILY FOUN			Employer identification number 58-2391279
than \$1, organiza the year	000 for the year from any one contributo	or. Complete columns (a) through of exclusively religious, charing the sum of	d in section 501(c)(7), (8), or (10) that total more ugh (e) and the following line entry. For table, etc., contributions of \$1,000 or less for
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift ZIP 4	t Relationship of transferor to transferee
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift ZIP 4	Relationship of transferor to transferee
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift ZIP 4	t Relationship of transferor to transferee
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
			Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Additional Data

Software ID:

Software Version:

EIN: 58-2391279

Name: DAVIS FAMILY FOUNDATION INC

Form 990 Schedule R. Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
1	1005 Shares of Altria Group, valued at \$67 34 per share	\$ 67,677	2016-12-20	
1	400 Shares of Du Pont E I De Nemours and Company, valued at \$75 26 per share	\$ 30,104	2016-12-20	
1	194 Shares of Genl Dynamics Corp, valued at \$175 26 per share	<u>\$ 34,000</u>	2016-12-20	
1	336 Shares of Home Depot Inc, valued at \$137 11 per share	\$ 46,032	2016-12-20	
1	229 Shares of Illinois Tool Works Inc, valued at \$125 92 per share	\$ 28,836	2016-12-20	
1	841 Shares of Intel Corp, valued at \$37 21 per share	\$ 31,294	2016-12-20	
1	172 Shares of Lockheed Martin Corp, valued at \$253 73 per share	<u>\$ 43,642</u>	2016-12-20	
1	301 Shares of Microchip Technology Inc, valued at \$65 30 per share	\$ 19,655	2016-12-20	
1	894 Shares of Microsoft Corp, valued at \$63 54 per share	<u>\$ 56,805</u>	2016-12-20	
1	248 Shares of Walgreens Boots Alliance Inc, valued at \$86 28 per share	\$ 21,397	2016-12-20	
	<u>. </u>			

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed (c) (a) (b) (d) FMV (or estimate) No. from Part I Description of noncash property given Date received (see instructions) 314 Shares of Waste Mgmt Inc, valued at \$71 14 per 2016-12-20 \$ 22,338 share 1798 521 Shares of MFS SER TR X Growth Allocation Fund, valued at \$18 13 per share \$ 32,607 2016-07-19 Cash \$ 203 2016-07-19