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

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

Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0052

Information about Form 990-PF and its separate instructions is at www irs gov/form990pf.

For cale	endar year 2016 or tax year beginning		, and ending		
	of foundation			A Employer identification	number
_LES	SLIE B. WATSON CHARITABLE	FOUNDATION		63-1226241	
	and street (or P O box number if mail is not delivered to street as	ddress)	Room/suite	B Telephone number	0.5
	L8 CROOM DRIVE			334-224-15	
-	town, state or province, country, and ZIP or foreign positive ${\tt NTGOMERY}$, ${\tt AL}$ ${\tt 36106-2623}$	ostal code		C If exemption application is po	ending, check here
G Chec	ck all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	s, check here
	Final return	Amended return		Foreign organizations me check here and attach co	eting the 85% test,
H Char	Address change ok type of organization: X Section 501(c)(3) ex	Name change			
		Other taxable private founda	tion	E If private foundation sta under section 507(b)(1)	. —
_	narket value of all assets at end of year J Accounting		Accruai	F If the foundation is in a	•
	Part II, col. (c), line 16)	her (specify)		under section 507(b)(1)	
\$	568,601. (Part I, colu	mn (d) must be on cash b	asıs)		T
Part	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
7	Contributions, gifts, grants, etc., received	6,500.		N/A	ļ
2	Interest on savings and temporary	7.	7.		STATEMENT 1
3	cash investments	18,445.	18,445.	<u> </u>	STATEMENT 2
4	Dividends and interest from securities a Gross rents	10,113.	10,113.		
'	b Net rental income or (loss)				
	2 Net gain or (loss) from sale of assets not on line 10				
an C	b Gross sales price for all assets on line 6a				
Revenue	Capital gain net income (from Part IV, line 2)		0.		
·					
10	Income modifications Gross sales less returns and allowances				
	b Less Cost of goods sold				
1.	c Gross profit or (loss) Other income				
12		24,952.	18,452.		
18		0.	0.		0.
14	Other employee salaries and wages				
18	, , , ,			SECEIVED	
8 10 8 10	Sa Legal fees	655.	<u> </u>		0.
Expense	b Accounting fees STMT 3 c Other professional fees	655.		MAY 5 ZUIT	
பி ഉ 1:	•				
Administrative 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	A-11-1-1	178.	0.	OGUEN UT	0.
1 <u>i</u>	9 Depreciation and depletion		<u></u>		<u></u>
					
ple 2		109.	0.		0.
ating 2	3 Other expenses STMT 5 4 Total operating and administrative	100.	•		
era .	expenses. Add lines 13 through 23	942.	0.		0.
		26,500.			26,500.
2	6 Total expenses and disbursements.				06.500
_	Add lines 24 and 25	27,442.	0.		26,500.
2	7 Subtract line 26 from line 12:	<2,490.>			+
	Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)	~2,230.2	18,452.		
	c. Adjusted net income (if negative, enter -0-)	*****		N/A	1

Decreases not included in line 2 (itemize)

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2015	30,822.	536,644.	.057435
2014	29,000.	624,783.	.046416
2013	28,000.	587,530.	.047657
2012	25,750.	562,183.	.045804
2011	21,700.	521,851.	.041583

2011 21, 700.1 321, 831
 Total of line 1, column (d)
 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years
 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

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.

3	.047779
4	544,377.
5	26,010.

.238895

5 26,010.
6 185.
7 26,195.
8 26,500.

Form **990-PF** (2016)

5 Multiply line 4 by line 3

Add lines 5 and 6

	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49		12262			Page 4
_	**************************************		366 1113	il uc	tions	"
1a	Exempt operating foundations described in section 4940(d)(2), check here \(\bigstyle	1	 			1
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				1	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	_1_				85.
	of Part I, line 27b		į			
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
3	Add lines 1 and 2	3			1	85.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			1	85.
6	Credits/Payments;	l	I			İ
а	2016 estimated tax payments and 2015 overpayment credited to 2016 6a 6a	1	 			ł
b	Exempt foreign organizations - tax withheld at source]				ļ
C	Tax paid with application for extension of time to file (Form 8868)					
d	Backup withholding erroneously withheld 6d 6d					
7	Total credits and payments. Add lines 6a through 6d	7				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9			1	85.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
11	Enter the amount of line 10 to be: Credited to 2017 estimated tax	_11_				
	rt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	n			Yes	No
	any political campaign?		Ī	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)	?	Ī	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published					
	distributed by the foundation in connection with the activities		- 1	1		
c	Did the foundation file Form 1120-POL for this year?		ſ	1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		ſ			
-	(1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0 .			ļ		1
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		İ	Ì		1
	managers. ► \$ 0.		Ì	ı		1
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		ļ	2		X
	If "Yes," attach a detailed description of the activities.		l	i		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or		ļ			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		<u> </u>	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		1	5		X
	If "Yes," attach the statement required by General Instruction T.		ł	}		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		}	ŀ		
	By language in the governing instrument, or		ļ	,		
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	law	Ļ			
	remain in the governing instrument?		Ĺ	6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV		ļ.	7	X	
			1	ŀ		
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					}
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			Ì		} }
	of each state as required by General Instruction G? If "No," attach explanation		ŀ	8b	X	
٥	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for caler	dar	ŀ		 -	
9	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV		<u> </u>	9		X
10	Did any persons become substantial contributors during the tax year? If *Yes,* attach a schedule listing their names and addresses		ŀ	10		X
.0	end and persons persons supplication outling the tax full. If 163, attached suring their Harries and acutesses		Forr		-PF	(2016)

Form 990-PF (2016)

X

3b

4a

N/A

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

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

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

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

Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation and detreat compensation allowances	Form 990-PF (2016) LESLIE B. WATSON CHARITA			63-12262	41	Page 6
(1) Carry on propaganta, or otherwise altering to influence legislation (section 4945(g)? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? (3) Provide a paint to an individual for travit, study, or other similar purposes? (4) Provide a grant to an individual for travit, study, or other similar purposes? (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of creekly to Children or animals? I shall prevention of creekly to Children or animals? I shall prevention of creekly to Children or animals? I shall prevention of creekly to Children or animals? I shall prevention of creekly to Children or animals? I shall prevention of creekly to Children or animals? I shall prevention of creekly to Children or animals? I shall prevention of creekly to Children or animals? I shall prevention of creekly to Children or animals? I shall prevention of creekly to Children or animals? I shall prevention of creekly to Children or animals? I shall prevention of creek animals of the complete or animal		Form 4720 May Be R	equired (contin	ued)		
(2) Influence the outcome of any specific public dection (see section 4955); or to carry on, directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization offer than a charitable, etc., organization described in section (495(G)(4)(4) (See instruction of the registration of travel; organization of travel to other or any purpose other than reliquous, charitable, seemful, literary, or educational purposes, or for the prevention of criterity to other or any mass? (5) Provide for any purpose other than reliquous, charitable, seemful, literary, or educational purposes, or for the prevention of criterity to other organizations from the section of the prevention of criterity to other organizations (self) (4) (3) of the seem of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 on an aurent notice regarding dissaster assistance (see instructions)? Organizations relying on a current notice regarding dissaster assistance (see instructions)? Organizations relying on a current notice regarding dissaster assistance (see instructions)? Organizations relying on a current notice regarding dissaster assistance (see instructions)? Organizations relying on a current notice regarding dissaster assistance (see instructions)? If "Yes, "aftach the statement required by Regulations section 53.4945-5(d). 5 bid the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes," after the statement required by Regulations section 53.4945-5(d). 5 bid the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes," A kan yim conting the tax year, was the foundation a party to a prohibited tax shelter transaction? If "Yes," A kan yim conting the tax year, ye						
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(3) Provide a grant to an organization other than a chamble, etc., organization described in section 4945(q)(A)(A) (see instructions) (5) Provide for any purpose other than rehabile, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. b If any answer is "set" to \$41\cdot(-6), did any of the transactions fail to qualify under the exceptions described in Regulations section \$5.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice reparding disaster assistance (see instructions)? Organizations relying on a current notice reparding disaster assistance clack here if the answer is "Yes" to question \$24(4), does the foundation essentiance directly. In the part of the part of the grant? If "Yes," attach the statement required by Regulations section \$3.4945-5(d). B Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870. A larely time during the tax year, was the foundation a party to a prohibited tax shelter transaction? A larely time during the tax year, was the foundation a party to a prohibited tax shelter transaction? A larely time during the tax year, was the foundation assistance of tax any set income attributable to the transaction? (a) Name and address Directors, Trustees, Foundation Managers, Highly Information About Officers, Directors, Trustees, Foundation Managers, Highly Information About Officers, Directors, Trustees, Foundation Managers, Highly Information About Officers, Directors, Trustees, Foundation Managers, Highly If you and developed the provided of the party of the	(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indir	ectly,			
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(0)(4)(A)? (see instructions) (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruely to children or animals? I litray assive 154(1)(4) dut any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance sheek here e if the answer is Yes' to question 53(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If Yes is the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If Yes is the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? If Yes is the foundation, during the year, was the foundation a party to a prohibited tax shelter transaction? Did the foundation, during the year, was the foundation aperty to a prohibited tax shelter transaction? Part VIII Transaction Activities and the foundation of the foundatio	any voter registration drive?		Y	es X No		l
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A445(0)(4)(A)? (see instructions) Yes X No				ļ		
(6) Provide for any purpose other than relapious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? It is any answer is "Yes" to 5a(1)-(5), did any of the transactions fall to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance clear instructions? N/A	• • • • • • • • • • • • • • • • • • • •		[Y	es X No		
b If any answer is "Yes" to 56, 11-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding desister assistance (see instructions)? Organizations relying on a current notice regarding desister assistance check here If the answer is "Yes to question 544, does the hondation claim exemption from the tax because it maintained expenditure responsibility for the grain? If "Yes," attach the statement required by Regulations section 53.4945-5(d). By the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 66, the Form 8870. A all any time during the tax year, was the foundation a party to a prohibited tax sheller transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers,	, , , , , , , , , , , , , , , , , , , ,	v. or educational ourooses, or (
b It any answer is "Yes" to Sa(1)+(5), did any of the transactions fall to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here of It the answer is "Yes" to question 54(4), does the foundation claim exemption from the tax because it manificant expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(g). 8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal behefit contract? If "Yes," attach the statement required by Regulations section 53.4945-5(g). 8b Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal behefit contract? If "Yes" to 8b, the Form 887. If a lary time during the tax year, was the foundation exceed any proceeds on have any rendendation to the transaction? Part VIII. Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors I List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average foundation (c) Compensation (c) Compensation (d) Compe	• •	,, o,		es X No		1
section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here of it the answer is "Yes" to questions 64(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," after the statement required by Regulations section 53.4945-5(d). 8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes," to 6b. his Form 8870. A tax ity time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (a) Name and address (b) Tille, and average hours per week devoted to position (c) Compensation (d) Compensation (e) Expense account, other compensation of the highest-paid employees (other than those included on line 1). If none, enter "NONE." (c) Compensation (d) Compensation (e) Expense hours per week devoted to position NONE	·	nder the excentions described				ļ
Organizations relying on a current notice regarding disaster assistance check here If the answer is "Yes" to question 53.4(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility to the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d). 8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes," attach the statement required by Regulations, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes," bob, In Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted for position of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Name and address of each employee paid more than \$50,000 (e) Expense and contractors of the position of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (e) Expense and contractors of the first part of the paid of the first part of the first part of the first part of the first part of the first part of the first part of the first part of the first part of the first part of the first part of the first part of the first part of the first part of the first		· · · · · · · · · · · · · · · · · · ·	riogulations	N/A	5h	1
the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grain? N/A	• • • • • • • • • • • • • • • • • • • •	•		, ,—, F		†
expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d). 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation of the year, pay premiums, directly or indirectly, on a personal benefit contract? b Did the foundation of the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes "to 6b, file Form 870. 7a A ray time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 9 If "Yes "G No. 16 Did The foundation of the foundation every any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (a) Name and address (b) Title, and average (c) Compensation (file paid, enter 0). SEE STATEMENT 7 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	• • • •		ined			ļ
## 'Yes," attach the statement required by Regulations section 53.4945-5(d). 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ## 'Yes' to 6b, ## Form 8870. b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ## 'Yes' to 6b, ## Form 8870. ## '			- / -	,		1
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? B Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes "to 6b, file Form 8870. 7a A tary time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (a) Name and address (a) Name and address (b) Title, and average (if not paid, enter-0-) SEEE STATEMENT 7 0.0.0. Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (c) Compensation (C) Compensa	· · · · · · · · · · · · · · · · · · ·		1/4	בש ודייון מש		ĺ
a personal benefit contract? Yes No	, , ,	` '				
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? #*Yes* to 8b, file Form 8870. 7 At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	•	o pay premiums on	Г —	· (A)"		
## "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? **Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1. List all officers, directors, trustees, foundation managers and their compensation. **(a) Name and address** (a) Name and address** **Compensation** **Compen	•	I be a set	Y	es 🕰 No 📙	<u></u>	77
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b (1º%s; "did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (a) Name and address (b) Title, and average hours per week devoted 10 position (c) Compensation ((in not paid, enter -0.) SEE STATEMENT 7 0. 0. 0. Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (b) Title, and average hours per week devoted 10 position ((c) Compensation ((d) Compen		personal benefit contract?		-	6D	<u> </u>
b If Yes, 'did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII		_		[]		ļ
Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted in position (fin of paid, enter-0-) (fin of paid, enter-0-			Y			ļ
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(a) Name and address (b) Title, and average hours per week devoted (In ot paid, enter-0-) SEE STATEMENT 7 O. O. O. Compensation (In ot paid, enter-0-) O. O. Compensation (In ot paid, enter-0-) O. O. O. O. Nome and address of each employee gold more than \$50,000 NONE (c) Compensation (In ot paid, enter-0-) (d) Combustors account, other allowances (e) Expense account, other allowances (e) Expense account, other allowances (e) Expense account, other allowances (f) Compensation (In ot paid, enter-0-) (g) Name and address of each employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Combustors to employee paid more than \$50,000 (e) Expense account, other allowances						
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	NONE	uevoted to position	 	compensation	allowa	IICES
Total number of other employees paid over \$50,000 ▶ 0	NONE	-	1			
Total number of other employees paid over \$50,000 ▶ 0	 		 	 -	 	
Total number of other employees paid over \$50,000 ▶ 0		\dashv				
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Total number of other employees paid over \$50,000		7	<u>L</u>			
	Total number of other employees paid over \$50,000					0

Form 990-PF (2016) LESLIE B. WATSON CHARITABLE FOUNDATION		226241 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Paid Employees, and Contractors (continued)	Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
	ype 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 relevant statistical information such number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	as the	Expenses
1 N/A		
		·
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3	,	
Total. Add lines 1 through 3		0.
Total Field History Control of the C	<u></u>	Form 990-PF (2016)

Page 8

P	art X 📆 Minimum Investment Return (All domestic foundations must complete this part. Foreign foun	dations, see	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	534,919.
b	Average of monthly cash balances	1b	534,919. 17,748.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	552,667.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.	}	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	552,667.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	8,290.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	544,377.
6	Minimum investment return. Enter 5% of line 5	6	27,219.
P	art XI; Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	d certain	
	foreign organizations check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	27,219.
2a	Tax on investment income for 2016 from Part VI, line 5	. , , ,	
b	Income tax for 2016. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	185.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	27,034.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	27,034.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	27,034.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	26,500.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
8	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	26,500.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	}	.
	income. Enter 1% of Part I, line 27b	5	185.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	26,315.
	Note: The amount on line 6 will be used in Bart V. column (b) in subsequent years when calculating whether the foundation of	usalifice for the	a continu

Form **990-PF** (2016)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,				
line 7				27,034.
2 Undistributed income, if any, as of the end of 2016			06 404	
a Enter amount for 2015 only			26,421.	
b Total for prior years:		0.		
Evenes distributions corpover if any to 2016:	·	U•		
3 Excess distributions carryover, if any, to 2016:				
a From 2011				
b From 2012				
c From 2013 d From 2014				
e From 2015				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2016 from				
Part XII, line 4: ►\$ 26,500.				
a Applied to 2015, but not more than line 2a			26,421.	
b Applied to undistributed income of prior			30,122.	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount				79.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2016	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:		:		
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.	: 	
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which			1	
the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.	<u></u>	
e Undistributed income for 2015. Subtract line			_	
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must	•			_ 26,955.
be distributed in 2017 7 Amounts treated as distributions out of				20,333.
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			ļ
8 Excess distributions carryover from 2011		<u> </u>	<u> </u>	
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2017.				
Subtract lines 7 and 8 from line 6a	0.			}
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				

1.4 If the function has nouved a niting or determination lists that it is a private operating foundation, and the nitring is effective to 2016, that the first of the nitring foundation and the nitring is effective to 2016, that the first of the nitring of 2016, that the first of the nitring of 2016, that the first of 18 and 18 an	Form 990-PF (2016) LESLIE	B. WATSON C	HARITABLE FO	OUNDATION	63-12	26241 Page 10
So Check bots under whether the conditions as particles for the related of the relating So Check bots under whether the conditions as a provision generating foundation described in section Section	Part XIV Private Operating F	oundations (see in	structions and Part VII-	A, question 9)	N/A	·
b Other box to indicate withinther the foundations as growth operating foundation described in section 1 4942(1)(3) or 4942(1)(5) 2 et fitter the lessor of the digitation will be applied to the minimum investment return from Part X for cach year lasted 9 80% of line 2a Coultifying distributions from Part XII, line 4 for sach year lasted 9 80% of line 2a Coultifying distributions from Part XII, line 4 for sach year lasted 4 Amounts and/order in line 2 not used directly for active conduct of several activities 9 counties of the county of the co	1 a If the foundation has received a ruling	or determination letter that	it is a private operating			
2 a Enter the leaser of the adjusted net income from Part I or the manimum investment return from Part X for each year listed. 4 (9) 2016 (9) 2015 (6) 2014 (9) 2013 (9) 2013 (9) 76tal each year listed. 5 (8) Ky foliae 2a of Chaethymp distributions from Part XIII, line 4 for each year listed. 5 (8) Ky foliae 2a of Chaethymp distributions from Part XIII, line 4 for each year listed. 5 (9) Line 4 for each year listed. 6 (9) Line 4 for each year listed. 6 (9) Line 4 for each year listed. 6 (9) Line 4 for each year listed. 6 (9) Line 4 for each year listed. 6 (9) Line 4 for each year listed. 7 (1) Value of all assets could from the 2a of the line 2a of	foundation, and the ruling is effective for	or 2016, enter the date of t	he ruling	▶		
neceme from Part 1 or the maintnum measurement return from Part X for each year tested at 5 85% of line 2 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	b Check box to indicate whether the foun	d <u>ation is a private operati</u> r	ng foundation described in	section	4942(j)(3) or 49	42(j)(5)
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2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed: LESLIE B. WATSON, JR., 334-224-1587 1618 CROOM DRIVE, MONTGOMERY, AL 36106 b The form in which applications should be submitted and information and materials they should include: BASIS OF NEED FOR FUNDS c Any submission deadlines: NONE d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors: ORGANIZATIONS WHICH PROMOTE EDUCATIONAL, LITERACY, SCIENTIFIC, RELIGIOUS	other entity) of which the foundation ha			, , ,		·
Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed: LESLIE B. WATSON, JR., 334-224-1587 1618 CROOM DRIVE, MONTGOMERY, AL 36106 b The form in which applications should be submitted and information and materials they should include: BASIS OF NEED FOR FUNDS c Any submission deadlines: NONE d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors: ORGANIZATIONS WHICH PROMOTE EDUCATIONAL, LITERACY, SCIENTIFIC, RELIGIOUS	NONE					
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LESLIE B. WATSON, JR., 334-224-1587 1618 CROOM DRIVE, MONTGOMERY, AL 36106 b The form in which applications should be submitted and information and materials they should include: BASIS OF NEED FOR FUNDS c Any submission deadlines: NONE d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors: ORGANIZATIONS WHICH PROMOTE EDUCATIONAL, LITERACY, SCIENTIFIC, RELIGIOUS	a The name, address, and telephone num	ber or e-mail address of t	he person to whom applic	ations should be addres	ssed:	
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d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors: ORGANIZATIONS WHICH PROMOTE EDUCATIONAL, LITERACY, SCIENTIFIC, RELIGIOUS						
ORGANIZATIONS WHICH PROMOTE EDUCATIONAL, LITERACY, SCIENTIFIC, RELIGIOUS						
						TOTOTIC
AND OTHER CHARTTABLE PURPOSES	AND OTHER CHARITABLE		CATIONAL, LI	IERACI, SC	IENTIFIC, RE	TIGIOD

Part:XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year BETHSAIDA BAPTIST CHURCH RELIGIOUS RELIGIOUS 4212 CO RD 59 PINEAPPLE, AL 36768 1,500. FRIENDSHIP BAPTIST CHURCH RELIGIOUS RELIGIOUS P.O. BOX 127 PINEAPPLE, AL 36768 1,000. GREENVILLE UNITED METHODIST CHURCH RELIGIOUS RELIGIOUS P.O. BOX 555 GREENVILLE, AL 36037 3,000. EDUCATIONAL LEE STORY MEMORIAL SCHOLARSHIP EDUCATIONAL P.O. BOX 244023 MONTGOMERY, AL 36124-4023 3,000. HUMANITARIAN MONTGOMERY AREA FOOD BANK INC HUMANITARIAN 561 TRADE CENTER STREET MONTGOMERY, AL 36108 3,000. SEE CONTINUATION SHEET(S) 26,500. ➤ 3a Approved for future payment NONE **▶** 3b Total

r gross amounts unless otherwise indicated.	Uniterated	business income		ed by section 512, 513, or 514	(e)
Program service revenue;	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exemp function income
	- 0000		+		
	-				
	1 1		1-1		
			1-1		
	1 1				
Fees and contracts from government agencies					
embership dues and assessments					
terest on savings and temporary cash			1 1		
vestments			14	7.	·
vidends and interest from securities			14	18,445.	
et rental income or (loss) from real estate:					
Debt-financed property			\bot		
Not debt-financed property			1 1		
et rental income or (loss) from personal	1		1 1		
operty			\perp		
her investment income					
ain or (loss) from sales of assets other					
an inventory					
t income or (loss) from special events	 		+-+		
oss profit or (loss) from sales of inventory					
ther revenue:			1 1		
	_		+		
			+ $ +$	·	
					
	_		++		
	1 1	0	++	18,452.	
			•		10.4
ubtotal. Add columns (b), (d), and (e)				40	1 😾 /
otal. Add line 12, columns (b), (d), and (e))	<u> </u>		. 13	18,4
ntal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations. TXVI-B Relationship of Activities	to the Accon	nplishment of Ex		Purposes	
tal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations. TXVI-B Relationship of Activities No. Explain below how each activity for which in	to the Accom	nplishment of Excolumn (e) of Part XVI-		Purposes	
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Form 99(<u> </u>	E B. WAT	SON CHAI	RITABLE FOUN	DATION	63~:	1226241	Pa	ige 13
Part)	(VII	Information Re Exempt Organ		nsfers To a	nd Transactions a	nd Relationsh	ips With None	charitable		
1 Did	the ord			v of the followin	g with any other organizati	on described in section	on 501(c) of		Yes	No
					7, relating to political organ		, , , , , , , , , , , , , , , , , , ,			
		from the reporting found							 	
(1)	Cash							1a(1)		X
(2)	Other	assets						1a(2)		Х
b Oth	er trans	sactions:								
(1)	Sales	of assets to a noncharita	ble exempt organiz	zation				1b(1)		X
(2)	Purch	ases of assets from a no	ncharitable exempt	t organization				1b(2)		X
(3)	Renta	l of facilities, equipment,	or other assets					16(3)		Х
(4)	Reimt	oursement arrangements						1b(4)		X
(5)	Loans	or loan guarantees					•	1b(5)		_X
(6)	Perfor	rmance of services or me	mbership or fundr	aising solicitatio	ns			1b(6)		X
c Sha	iring of	facilities, equipment, ma	iling lists, other as	sets, or paid em	ployees			<u>1c</u>		_X
					dule. Column (b) should al				ets,	
					ed less than fair market valu	ie in any transaction i	or sharing arrangen	nent, show in		
) the value of the goods,								
(a) Line no	-	(b) Amount involved	(c) Name		exempt organization	(d) Description	of transfers, transaction	s, and sharing arra	angemen	its
	Д			N/A						
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	4		<u> </u>							
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0 - 1- 4							· · · · · · · · · · · · · · · · · · ·			
		=	-		or more tax-exempt organ	izations described		Yes	T] No
		501(c) of the Code (other		(c)(3)) or in sect	1011 327 ?		•	162	122] INO
וו ט	165, 60	mplete the following sch (a) Name of org			(b) Type of organization	 	(c) Description of re	lationship		
		N/A	Juni201011		(b) Typo or or gameanon		(0) 2000.14.10.11.01.10			
		21/21								
						 				
						 				
						 				
	Under				accompanying schedules and s			May the ISS	discuss t	bio
Sign	and be	lief, it is the or rect, and con	nplete Declaration of p	oreparer (other than	taxpayer) is based on all informa	ation of which preparer he	as any knowledge	May the IRS of return with the shown below	e prepare	er
Here		- and	a da	Laon	L-15/11/17	PRESID	ENT	X Yes		
	Sign	ature of officer or trustee			Date	Title				
		Print/Type preparer's na	ame	Preparer's s	ignature	Date	Check if	PTIN		
				}]	self- employed			
Paid		RITA O. BR	.OWN	RITA O	. BROWN	05/01/17		P00187	607	
Prepa		Firm's name ► JAC					Firm's EIN ▶ 6			
Use (Inly						1			

Phone no. 334-834-7660 Form 990-PF (2016)

Firm's address ► PO BOX 96

MONTGOMERY, AL 36101-0096

LESLIE B. WATSON CHARITABLE FOUNDATION 63-1226241

Part XV Supplementary Information 3 Grants and Contributions Paid During the N	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	Ama
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
ONTGOMERY LIONS CLUB CHARITY		EDUCATION	CIVIC	
OUNDATION		SCHOLARSHIP		
.O. BOX 94				
ONTGOMERY, AL 36101	-			1,50
TAREADDIR IBUTMED MEMUADICA AUTOAU		DEL TOTOUS	DEL TOTOUS	
INEAPPLE UNITED METHODIST CHURCH 6109 HIGHWAY 10E		RELIGIOUS	RELIGIOUS	
PINEAPPLE, AL 36768		}		7,50
NITED METHODIST CHILDRENS HOME		У О Т Н	YOUTH	
140 ZELDA COURT		1		
ONTGOMERY, AL 36106		ļ		2,00
DUAN OF VONTAGOVERY		WOY!M!!	Leaven Leaven	
MCA OF MONTGOMERY		YOUTH	YOUTH	
ONTGOMERY, AL 36102		1		4,00
				
]
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]
		<u> </u>		
Total from continuation sheets		<u> </u>		15,00

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and

its instructions is at www.irs.gov/form990 .

LESLIE B. WATSON CHARITABLE FOUNDATION

OMB No 1545-0047

2016

Name of the organization

Employer identification number

63-1226241

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

Organization type (check one).				
Filers of	:	Section:		
Form 990	0 or 990-EZ	501(c)() (enter number) organization		
		4947(a)(1) nonexempt charitable trust not treated as a private foundation		
		527 political organization		
Form 990	0-PF	X 501(c)(3) exempt private foundation		
		4947(a)(1) nonexempt charitable trust treated as a private foundation		
		501(c)(3) taxable private foundation		
	nly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions.		
	For an organization	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions		
Special	Rules			
	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II		
	year, total contribu	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III		
	year, contributions is checked, enter h purpose. Don't cor	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., inplete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year.		
but it mu	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

Employer identification number

LESLIE B. WATSON CHARITABLE FOUNDATION

63-1226241

Partil	Contributors (See instructions). Use duplicate copies of Part I if	f additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LESLIE B WATSON 1618 CROOM DRIVE MONTGOMERY, AL 36106	\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$Sabadula B. (Farm	Person Payroll Noncash Complete Part II for noncash contributions)
823452 10-18	-10	Schedule B (Form	990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

LESLIE B. WATSON CHARITABLE FOUNDATION

63-1226241

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		
		 \$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		_ _ _ \$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		 _ _ _ \$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
B23453 10-18-		Schodula B (Form 6	990, 990-EZ, or 990-PF) (2016)		

Page	4

Name of orga	anization		Employer identification number					
	B. WATSON CHARITABLE I	₽OUNDATTON	63-1226241					
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if addition	ributions to organizations described in columns (a) through (e) and the follow s, chantable, etc., contributions of \$1,000 or le	n section 501(c)(7), (8), or (10) that total more than \$1,000 for					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-		(e) Transfer of gift						
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					

		(e) Transfer of gift						
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-	(e) Transfer of gift							
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					

FORM 990-PF INTERES	T ON SAVI	NGS AND TEM	PORARY	CASH IN	VESTMENTS	STATEMENT 1
SOURCE		(A REVE PER E	NUE		(B) VESTMENT COME	(C) ADJUSTED NET INCOME
RAYMOND JAMES			7.		7.	
TOTAL TO PART I, LIN	TE 3		7.		7.	
FORM 990-PF	DIVIDEND	S AND INTER	EST FR	OM SECUR	ITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	R	(A) EVENUE R BOOKS	(B) NET INVEST MENT INCOM	
RAYMOND JAMES	18,445	j.	0.	18,445.	18,445	•
TO PART I, LINE 4	18,445	· ·	0.	18,445.	18,445	•
FORM 990-PF		ACCOUNTI				STATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	NET I	B) NVEST- INCOME	(C) ADJUSTED NET INCOME	
TAX PREPARATION		655.		0.		0.
TO FORM 990-PF, PG 1	 ., LN 16B =	655.		0.		0.
FORM 990-PF		TAX	ŒS			STATEMENT 4
		(A) EXPENSES		B) NVEST-	(C) ADJUSTED	(D) CHARITABLE
DESCRIPTION		PER BOOKS		INCOME	NET INCOME	PURPOSES
DESCRIPTION FORM 990PF BALANCE I	- DUE		MENT			PURPOSES 0.

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
CHECKS ORDERED/BANK FEES	109.	0.		0.
TO FORM 990-PF, PG 1, LN 23	109.	0.		0.
TO FORM 990-PF, PG 1, LN 23	109.	0.		

FORM 990-PF CORPORATE STOCK		STATEMENT 6
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
EXXON CORP	23,213.	558,709.
TOTAL TO FORM 990-PF, PART II, LINE 10B	23,213.	558,709.

FORM 990-PF	PART VIII - LIST TRUSTEES AND	OF OFFICERS, D	STATEMENT 7		
NAME AND ADDRESS		TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	
LESLIE B. WATSON, 1618 CROOM DRIVE MONTGOMERY, AL 361		DIRECTOR/PRESI	DENT & TREAS	0.	0.
NANNETTE J. WATSON 1618 CROOM DRIVE MONTGOMERY, AL 361		DIRECTOR/VP & 0.00	SECRETARY 0.	0.	0.
CAROL W. HILL 2250 ROSEMONT DRIV MONTGOMERY, AL 361		DIRECTOR 0.00	0.	0.	0.
CLAIRE W. CORLEY 1618 CROOM DRIVE MONTGOMERY, AL 361	L06	DIRECTOR 0.00	0.	0.	0.
LESLIE B. WATSON, 4680 COUNTY ROAD 5 PINEAPPLE, AL 3676	59	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON	N 990-PF, PAGE 6,	PART VIII	0.	0.	0.