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2016

OMB No 1545-0052

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

Form 990-PF

Department of the Treasury

Internal Revenue Service

▶ 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 <a href="www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

Open to Public Inspection

For	caler	ndar year 2016, or tax year beginning 04-01-20	)16 , aı	nd er	nding 03-31-	2017	
		indation ILY FOUNDATION INC			A Employer ıd	entification numbe	er
		ONS BANK TRUST DEPARTMENT			63-0960783		
	ber and	street (or P O box number if mail is not delivered to street address)	Room/suite		<b>B</b> Telephone nu	mber (see instructio	ns)
,	J BOX 2				(334) 230-6100	)	
		, state or province, country, and ZIP or foreign postal code RY, AL 361022450	•		<b>C</b> If exemption	application is pendir	ng, check here
G Ch	neck al	l that apply 🔲 Initial return 🔲 Initial return of a	former public charity		<b>D 1.</b> Foreign or	ganızatıons, check h	ere
		☐ Final return ☐ Amended return				ganizations meeting	
		Address change Name change				k here and attach co	· -
<b>H</b> Ch	neck ty	pe of organization $\square$ Section 501(c)(3) exempt private	foundation			ındatıon status was n 507(b)(1)(A), che	
	Section	4947(a)(1) nonexempt charitable trust	private foundation				
of '	year <i>(f</i>	tet value of all assets at end from Part II, col (c), \$ 6,146,430  J Accounting method  Other (specify)  (Part I, column (d) must	✓ Cash ☐ Accru	al		ation is in a 60-mont n 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expenses (The total					(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )	(a) Revenue and expenses per books	(Ь)	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)					
	2	Check V If the foundation is <b>not</b> required to attach					
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities	124,432		124,432		
	5a	Gross rents					
	ь	Net rental income or (loss)					
<u>e</u>	6a	Net gain or (loss) from sale of assets not on line 10	383,205				
Revenue	ь	Gross sales price for all assets on line 6a					
Re.	7	Capital gain net income (from Part IV, line 2)			383,205		
	8	Net short-term capital gain			· · · · · · · · · · · · · · · · · · ·		
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	ь	Less Cost of goods sold					
	c	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)	101		101		
	12	Total. Add lines 1 through 11	507,738		507,738		
	13	Compensation of officers, directors, trustees, etc	20,022		20,022		(
	14	Other employee salaries and wages					
95	15	Pension plans, employee benefits					
35	16a	Legal fees (attach schedule)					
X DG	ь	Accounting fees (attach schedule)	1,565		0		
Administrative Expenses	c	Other professional fees (attach schedule)	29,181		29,181		(
Ĭ	17	Interest					
st ra	18	Taxes (attach schedule) (see instructions)	8,095		2,542		(
Ē	19	Depreciation (attach schedule) and depletion					
틀	20	Occupancy					
۲ ک	21	Travel, conferences, and meetings					
Ē	22	Printing and publications					
bu	23	Other expenses (attach schedule)	137		137		(
īg.	24	Total operating and administrative expenses.					
Operating and		Add lines 13 through 23	59,000	-	51,882		
O	25	Contributions, gifts, grants paid	272,500				272,500
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	331,500		51,882		272,500
	27	Subtract line 26 from line 12					
	a	Excess of revenue over expenses and disbursements	176,238				
	ь	Net investment income (If negative, enter -0-)			455,856		
	С	Adjusted net income(if negative, enter -0-)					
For	Daner	work Reduction Act Notice, see instructions.			Cat No. 11300\	/ Fo	rm 000-DE (2016

instructions Also, see page 1, item I)

Other liabilities (describe ▶\_

Unrestricted . . . . .

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) -

Enter amount from Part I, line 27a

Temporarily restricted

Accounts payable and accrued expenses . . . .

Foundations that follow SFAS 117, check here

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

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

Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . . . . . .

Foundations that do not follow SFAS 117, check here 🕨 🗹

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

Capital stock, trust principal, or current funds . . . . . . . . . .

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

17

18

19 20

21

22

23

24

25

28

29

31

Part III

2

3

Liabilities

Balances

Fund 26

ō

Assets 27

Net 30 4,728,493

3.072.791

1,655,702

4,728,493

4,728,493

1

2

3

4

5

6

4,550,082

4,728,493

4,728,493 Form **990-PF** (2016)

176,238

2,173

6,146,430

4.550.082

3,072,791

1,477,291

4,550,082

4,550,082

List and describe the kind(s) of property sold (e g , real estate,

Date sold

(b)

How acquired

P—Purchase

(c)

Date acquired

	ouse, or common stock, 200 shs	P—Purchase D—Donation	(mo , day, yr )	(mo , day, yr )	
1 a REGIONS SHORT TERM SE	CURITIES SALES	P			
<b>b</b> REGIONS LONG TERM SEC	URITIES SALES	Р			
c CAPITAL GAINS DIVIDEND	S	Р			
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	( <b>g)</b> other basis ense of sale	Gain c	h) or (loss) or minus (g)
<b>a</b> 271,	115		271,13	0	-15
<b>b</b> 1,789,	072		1,416,99	7	372,075
c 11,	145				11,145
d					
е					
Complete only for assets s	howing gain in column (h) and ow	ned by the foundation	on 12/31/69	(	(1)
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	( <b>k)</b> of col(ı) (յ), ıf any	Gains (Col ( col (k), but not	h) gain minus less than -0-) <b>or</b> om col (h))
a					-15
b					372,075
с					11,145
d					
e				<u> </u>	
	r (net capital loss)  In or (loss) as defined in sections 1  I, line 8, column (c) (see instruction	ons) If (loss), enter -0	Part I, line 7	3	383,205
Part V Qualification Un	nder Section 4940(e) for Re	duced Tax on Net	Investment I	ncome	
	vate foundations subject to the sec				_
If section 4940(d)(2) applies, leav	-			,	
	section 4942 tax on the distributate qualify under section 4940(e) Do		in the base period	d?	es 🗹 No
	unt in each column for each year,		making any entri	es	
(a) Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	( <b>d)</b> Distribution rat (col (b) divided by c	
2015	243,065	•	5,919,917		0 041059
2014	298,641		6,203,904		0 048138
2013	256,115		5,847,477		0 043799
2012	270,912		5,454,926		0 049664
2011	265,756		5,381,892	_	0 049380
2 Total of line 1, column (d)			2		0 232040
number of years the founda	or the 5-year base period—divide t ation has been in existence if less t haritable-use assets for 2016 from	than 5 years 🔒 🐍	3		0 046408 5,800,160
			5		269,174
	t income (1% of Part I, line 27b)				4,559
					273,733
	ns from Part XII, line 4 ,				273,733
	ter than line 7, check the box in Pa			ng a 1% tax rate Se	
				Fo	orm <b>990-PF</b> (2016)

	If "Yes," attach the statement requir	ed b	y Regulations section 53	4945-5(d)					
<b>6</b> 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	allowa	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 <b>7</b>
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		
		<del> </del>
2		<del> </del>
2		<del> </del>
2		
3		
		<del> </del>
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		<b>▶</b> 0
		Form <b>990-PF</b> (2016)

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

1a

1b

2

За 3b

4

5

272,500

272.500

272,500

Form 990-PF (2016)

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. . . . . . . . . .

Amounts set aside for specific charitable projects that satisfy the

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

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

income Enter 1% of Part I. line 27b (see instructions).

1

2

3

4

5

a From 2011. **b** From 2012. . c From 2013. . **d** From 2014. .

Page 9

280.891

192,507

88,384

Form **990-PF** (2016)

0

P	art XIII	Undistributed Income (see instruc	Undistributed Income (see instructions)					
1	Distributab	le amount for 2016 from Part XI, line 7						

e From 2015. . . . .

XII, line 4 ▶ \$

indicated below:

1	Distributable amount for 2016 from Part XI, line 7
2	Undistributed income, if any, as of the end of 2016
а	Enter amount for 2015 only
b	Total for prior years 20
3	Excess distributions carryover, if any, to 2016

e Remaining amount distributed out of corpus

**5** Excess distributions carryover applied to 2016

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 **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 f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must

same amount must be shown in column (a) )

(If an amount appears in column (d), the

6 Enter the net total of each column as

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 . . . . . .

\_\_, 20\_\_\_\_ 2016

f Total of lines 3a through e. . . . . . .

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). . . . . . . . . .

d Applied to 2016 distributable amount. . . . .

(a)

Corpus

0

(b)

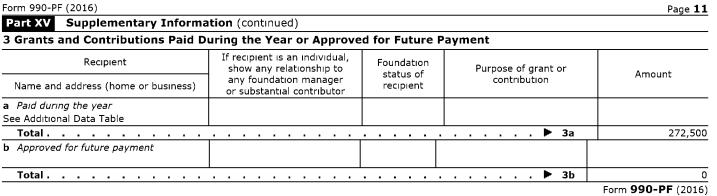
Years prior to 2015

(c)

2015

79,993

79,993



Enter gross amounts unless otherwise indicated		Unrelated business income Excluded by section 5			n 512, 513, or 514	(e) Related or exem
Program serv		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income
-	rice revenue	Busiliess code	Amount	Exclusion code	Amount	(
	ontracts from government agencies					
	dues and assessments					
	savings and temporary cash					
	s					
	nd interest from securities			14	124,432	
	come or (loss) from real estate					
	nanced property					
	ncome or (loss) from personal property					
	ment income.					
	ss) from sales of assets other than					
•				18	383,205	
	or (loss) from special events					
Gross profit Other reveni	or (loss) from sales of inventory					
SECURITIES				18	101	
				10	101	
ı						
d						
d e Subtotal Ad	d columns (b), (d), and (e)				507,738	
d e Subtotal Ad Total Add II	d columns (b), (d), and (e)	ne.)			507,738 <b>3</b>	
d e Subtotal Ad <b>Total.</b> Add li	d columns (b), (d), and (e)	ns )		1	· · · · · · · · · · · · · · · · · · ·	507,7
Subtotal Ad Irotal. Add Irotal. Add Irotal. Worksheet Irot XVI-B	d columns (b), (d), and (e)	ns ) <b>e Accomplish</b> income is report	nment of Exem	pt Purposes  If Part XVI-A contrib	.3uted importantly to	507,7
Subtotal Ad Irotal. Add Irotal. Add Irotal. Worksheet Irot XVI-B	Id columns (b), (d), and (e)	ns ) <b>e Accomplish</b> income is report	nment of Exem	pt Purposes  If Part XVI-A contrib	.3uted importantly to	507,7
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Gubtotal Ad Irotal. Add Irotal. Add Irotal. Worksheet Irotal. Ex	Id columns (b), (d), and (e)	ns ) <b>e Accomplish</b> income is report	nment of Exem	pt Purposes  If Part XVI-A contrib	.3uted importantly to	507,7
Gubtotal Ad Irotal. Add Irotal. Add Irotal. Worksheet Irotal. Ex	Id columns (b), (d), and (e)	ns ) <b>e Accomplish</b> income is report	nment of Exem	pt Purposes  If Part XVI-A contrib	.3uted importantly to	507,7
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Subtotal Add Irotal. Add Ir worksheet Irt XVI-B	Id columns (b), (d), and (e)	ns ) <b>e Accomplish</b> income is report	nment of Exem	pt Purposes  If Part XVI-A contrib	.3uted importantly to	507,7
Subtotal Add Ir Total. Add Ir worksheet I rt XVI-B	Id columns (b), (d), and (e)	ns ) <b>e Accomplish</b> income is report	nment of Exem	pt Purposes  If Part XVI-A contrib	.3uted importantly to	507,7
Subtotal Add Ir Total. Add Ir worksheet I rt XVI-B	Id columns (b), (d), and (e)	ns ) <b>e Accomplish</b> income is report	nment of Exem	pt Purposes  If Part XVI-A contrib	.3uted importantly to	507,7

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

Pa	rt XVI	Exempt Organi	zations				•			
<b>1</b> D	nd the o		directly engage	e in any of the ganizations) o	e following with any or in section 527, re	other organization	n described in section 50 organizations?	1	Yes	No
a T	ransfers	from the reporting foun	dation to a nor	ncharitable ex	empt organization	of	-			
(	<b>1)</b> Casi	h						1a(1)		No
(	<b>2)</b> Othe	er assets						1a(2)		No
<b>b</b> C	ther tra	insactions								
-	-	es of assets to a nonchar	•	-				1b(1)		No
(	<b>2)</b> Purc	chases of assets from a r	oncharitable e	xempt organiz	zation			1b(2)		No
(	<b>3)</b> Ren	tal of facilities, equipmer	nt, or other ass	ets				1b(3)		No
•	•	mbursement arrangemer						1b(4)		No
•	•	ns or loan guarantees.						1b(5)		No
•	•	ormance of services or m	•	-				1b(6)		No
	_	of facilities, equipment, r		•				1c		No
							ways show the fair marke d less than fair market v			
		ansaction or sharing arra								
<b>7-3</b> 1		/L\	l (-> N			(4) December of	h	l		
(a) ∟	ine No	(b) Amount involved	(c) Name of no	oncharitable exe	mpt organization	(a) Description of	transfers, transactions, and s	naring arra	ngemen	its
<b>2</b> a Is	the fou	undation directly or indire	ectly affiliated v	with, or relate	d to, one or more t	tax-exempt organ	zations			
d	escribed	d in section 501(c) of the	Code (other th	han section 50	)1(c)(3)) or in sect	ion 527? <b></b>		☐ Yes	<b>✓</b> N	lo
b If	"Yes,"	complete the following s	chedule							
		(a) Name of organization	on	(1	Type of organizatio	n	(c) Description of rel	tionship		
	Und	der penalties of periury.	I declare that I	I have examın	ed this return, incl	uding accompanyi	ng schedules and statem	ents. and	to the	best
	of	my knowledge and belief	, it is true, cor				than taxpayer) is based o			
Sig	••	ich preparer has any kno	wledge	1	1					
Hei	·е 👠	*****			2017-05-19	*****		e IRS discu e preparer		
		Signature of officer or t	rustee		Date	Title		str )? 🗹 <b>Y</b>		
						1				
		Print/Type preparer's	name P	Preparer's Sigr	nature	Date	Check if self-			
							employed ▶ □	P00187	7607	
Pai	al	RITA O BROWN				2017-05-19	Chiployed P 🗀			
		_								
	pare Only		(SON THORNT)	ON & CO PC			Firm's	EIN ▶63	-10352	228
USE	: Unity	_	BOX 96							
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		Me	MONTGOMERY, AL 361010096					10 (334	, 034-	, 000
		i								

(a) Name and address (c) Compensation (If (d) Title, and average Expense account, Contributions to hours per week not paid, enter (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation REGIONS BANK TRUST DEPARTMENT TRUSTEE 20,022 0 2 00 201 MONROE STREET MONTGOMERY, AL 36104

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

<b>/</b>				
JOAN B LOEB	BOARD OF DIRECTORS	0	0	0
2244 FERNWAY DRIVE MONTGOMERY, AL 36111	0 00			
ELIZABETH L FRIEDMAN	BOARD OF DIRECTORS	0	0	0
1306 WASHINGTON AVENUE	0 00			

2244 FERNWAY DRIVE MONTGOMERY, AL 36111	0 00			
ELIZABETH L FRIEDMAN	BOARD OF DIRECTORS	0	0	0
1306 WASHINGTON AVENUE	0 00			

				_
1306 WASHINGTON AVENUE SANTA MONICA, CA 90403	0 00			
ELIZABETH L FRIEDMAN	BOARD OF DIRECTORS	0	0	0
MONTGOMERY, AL 36111				

1306 WASHINGTON AVENUE SANTA MONICA, CA 90403	0 00	0	U	U
PATRICIA L ROSENBAUM	BOARD OF DIRECTORS	0	0	0
	1 0 00			

1306 WASHINGTON AVENUE SANTA MONICA, CA 90403	0 00			
PATRICIA L ROSENBAUM	BOARD OF DIRECTORS	0	0	C
4278 LAKEHAVEN DRIVE NE	7 0 00			1

SANTA MONICA, CA 90403				
PATRICIA L ROSENBAUM	BOARD OF DIRECTORS	0	0	0
4278 LAKEHAVEN DRIVE NE ATLANTA, GA 30319	0 00			

4278 LAKEHAVEN DRIVE NE ATLANTA, GA 30319	0 00	0	O .	
JAMES L LOEB JR	BOARD OF DIRECTORS	0	0	(

0.00

PO BOX 909

MONTGOMERY, AL 36101

Form 990PF Part XV Line 3 - Grant	s and Contributions Paid	During the	Year or Approved for Future	Payment
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
AIM PO BOX 986 MONTGOMERY, AL 36101			HUMANITARIAN	200
ALABAMA HERITAGE - UNIVERSITY OF ALABAMA PO BOX 870122 TUSCALOOSA, AL 35487			CULTURAL/EDUCATIONAL	150
ALABAMA INSTITUTE FOR DEAF & BLIND 2629 EASTERN BLVD MONTGOMERY, AL 36117			HUMANITARIAN	250
ALABAMA SHAKESPEARE FESTIVAL 1 FESTIVAL DRIVE MONTGOMERY, AL 36117			CULTURAL/EDUCATIONAL	22,500
ALABAMA SPECIAL OLYMPICS PO BOX 1087 MONTGOMERY, AL 36101			HUMANITARIAN	300
ALABAMA TRUST FOR HISTORIC PRESERVATION STATION 45 LIVINGSTON, AL 35470			CULTURAL/EDUCATIONAL	150
ALLIANCE THEATRE COMPANY 1280 PEACHTREE STREET NE ATLANTA, GA 30309			CULTURAL/EDUCATIONAL	7,000
ALZHEIMER'S ASSOCIATION PO BOX 96011 WASHINGTON, DC 20090			HUMANITARIAN	200
AMERICAN DIABETES ASSOCIATION PO BOX 1834 MERRIFIELD, VA 22116			HUMANITARIAN	200
AMERICAN JEWISH COMMITTEE 165 EAST 56TH STREET NEW YORK, NY 10022			RELIGIOUS	2,000
AMERICAN LUNG ASSOCIATION PO BOX 7000 ALBERT LEQ, MN 56007			HUMANITARIAN	100
AMERICAN PARKINSONS DISEASE ASSOCIATION 135 PARKINSON AVENUE STATEN ISLAND, NY 10305			HUMANITARIAN	300
AMERICAN RED CROSS PO BOX 96454 WASHINGTON, DC 20090			HUMANITARIAN	200
AMNESTY INTERNATIONAL 5 PENN PLAZA NEW YORK, NY 10001			CULTURAL/EDUCATIONAL	500
ANTI-DEFAMATION LEAGUE 605 THIRD AVENUE NEW YORK, NY 10158			CULTURAL/EDUCATIONAL	800

Total . 3a 272,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year A-PLUS EDUCATION PO BOX 4433 **EDUCATIONAL** 200 MONTGOMERY, AL 36103 200 ARTHRITIS FOUNDATION HUMANITARIAN PO BOX 96280 WASHINGTON, DC 20090 ATLANTA HISTORY CENTER **EDUCATIONAL** 500 130 WEST PACES FERRY ROAD NW ATLANTA, GA 30305 ATLANTA SYMPHONY ORCHESTRA CULTURAL/EDUCATIONAL 2,250 1293 PEACHTREE STREET NE SUITE 300 ATLANTA, GA 30309 AUBURN UNIVERSITY MONTGOMERY **EDUCATIONAL** 10,000 7400 EAST DRIVE MONTGOMERY, AL 36117 BABSON COLLEGE 231 FOREST STREET **EDUCATIONAL** 500 BABSON PARK, MA 02457 BBYO 800 EIGHHTH STREET CULTURAL/EDUCATIONAL 1,800 WASHINGTON, DC 20001 BIG SUNDAY 6111 MELROSE AVENUE **HUMANITARIAN** 500 LOS ANGELES, CA 90038 BOSTON UNIVERSITY PO BOX 4112 **EDUCATIONAL** 1,000 BOSTON, MA 02211 BOY SCOUTS OF AMERICA-**HUMANITARIAN** 300 **TUKABATCHEE** 3067 CARTER HILL ROAD MONTGOMERY, AL 36111 BOYS AND GIRLS CLUB CULTURAL/EDUCATIONAL 300 5995 CHRISTY LANE MONTGOMERY, AL 36116 BRADY CENTER TO PREVENT GUN 1,000 **HUMANITARIAN** VIOLENCE PO BOX 96627 WASHINGTON, DC 20090 **HUMANITARIAN** 250 BRANTWOOD CHILDREN'S HOME 1309 UPPER WETUMPKA ROAD MONTGOMERY, AL 36107 2,500 **BRIDGEBUILDERS** HUMANITARIAN 1125 EAST FAIRVIEW AVENUE MONTGOMERY, AL 36106 CAMP ASCCA COUNTY ROAD 83 HUMANITARIAN/EDUCATIONAL 300

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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				
CAMP SUNSHINE 145 COLISEUM BLVD MONTGOMERY, AL 36109			HUMANITARIAN	200
CAPRI COMMUNITY FILM SOCIETY 1045 EAST FAIRVIEW AVENUE MONTGOMERY, AL 36117			CULTURAL/EDUCATIONAL	15,000
CENTRAL ALABAMA COMMUNITY FOUNDATION 424 N MCDONOUGH STREET MONTGOMERY, AL 36104			CULTURAL/EDUCATIONAL	1,000
CHILDRENS DEFENSE FUND 25 E STREET NW WASHINGTON, DC 20001			HUMANITARIAN	100
COLONIAL WILLIAMSBURG FOUNDATION PO BOX 1776 WILLIAMSBURG, VA 23187			CULTURAL/EDUCATIONAL	250
DOCTORS WITHOUT BORDERS 333 7TH AVENUE 2ND FLOOR NEW YORK, NY 10001			HUMANITARIAN	500
EASTER SEALS PO BOX 1482 HAGERSTOWN, MD 21741			HUMANITARIAN	200
EMORY EYE INSTITUTE 875 JOHNSON FERRY ROAD NE ATLANTA, GA 30342			EDUCATIONAL	500
EVERY CHILD FOUNDATION PO BOX 1808 PACIFIC PALISADES, CA 90272			HUMANITARIAN	5,000
FOCAL 3703 ROSA L PARKS AVENUE MONTGOMERY, AL 36105			HUMANITARIAN	200
FRIENDS OF MONTGOMERY PUBLIC LIBRARY 245 HIGH STREET MONTGOMERY, AL 36101			CULTURAL/EDUCATIONAL	200
FRIENDS OF THE ALABAMA ARCHIVES 624 WASHINGTON AVENUE MONTGOMERY, AL 36130			CULTURAL/EDUCATIONAL	200
GEORGE WEST MENTAL HEALTH FOUNDATION 1903 NORTH DRUID HILLS ROAD ATLANTA, GA 30319			HUMANITARIAN	500
GIRLS SCOUTS PO BOX 5046 NEW YORK, NY 10087			CULTURAL/EDUCATIONAL	200
GLAUCOMA FOUNDATION 80 MAIDEN LN STE 700 NEW YORK, NY 10273			HUMANITARIAN	500
Total				272,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	Today		<u> </u>
a Paid during the year	!			
GOLDRING-WOLDENBERG INSTITUTE OF SOUTHERN JEWISH LIFE PO BOX 16528 JACKSON, MS 39236			RELIGIOUS	100
HIGH MUSEUM OF ART 1280 PEACHTREE STREET NE ATLANTA, GA 30309			CULTURAL/EDUCATIONAL	1,750
HOSPICE OF MONTGOMERY 1111 HOLLOWAY PARK MONTGOMERY, AL 36117			HUMANITARIAN	300
HUNTINGDON COLLEGE 1500 E FAIRVIEW MONTGOMERY, AL 36106			EDUCATIONAL	1,000
INSTITUTE OF SOUTHERN JEWISH LIFE PO BOX 16528 JACKSON, MS 39236			RELIGIOUS	700
INTERNATIONAL RESCUE COMMITTEE PO BOX 98152 WASHINGTON, DC 20090			CULTURAL/EDUCATIONAL	500
ITHACA COLLEGE 953 DANBY ROAD ITHACA, NY 14850			CULTURAL/EDUCATIONAL	2,000
JBI INTERNATIONAL 110 E 30TH STREET NEW YORK, NY 10016			RELIGIOUS	200
JEWISH BIG BROTHERS AND SISTERS OF LA 6505 WILSHIRE BLVD 600 LOS ANGELES, CA 90048			CULTURAL/EDUCATIONAL	5,000
JEWISH CHILDREN'S REGIONAL SERVICES PO BOX 7368 METAIRIE, LA 70010			RELIGIOUS	200
JEWISH FAMILY SERVICES OF LOS ANGELES 330 NORTH FAIRFAX AVENUE LOS ANGELES, CA 90036			RELIGIOUS	500
JEWISH FEDERATION PO BOX 54269 LOS ANGELES, CA 90054			RELIGIOUS	2,300
JEWISH FEDERATION OF CENTRAL ALABAMA PO BOX 20058 MONTGOMERY, AL 36120			RELIGIOUS	20,000
JEWISH FEDERATION OF GREATER ATLANTA 1440 SPRING STREET NW ATLANTA, GA 30309			RELIGIOUS	1,250
JOY TO LIFE 5401 TAYLOR ROAD MONTGOMERY, AL 36117			HUMANITARIAN	200
Total				272,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year LANDMARKS FOUNDATION **HUMANITARIAN** 23,500 301 COLUMBUS STREET MONTGOMERY, AL 36104 LOS ANGELES COUNTY MUSEUM OF ART CULTURAL/EDUCATIONAL 600 5905 WILSHIRE BLVD LOS ANGELES, CA 90036 LOS ANGELES REGIONAL FOODBANK **HUMANITARIAN** 1,000 1734 EAST 41ST STREET VERNON, CA 90058 300 MACULAR DEGENERATION RESEARCH **HUMANITARIAN** 22512 GATEWAY CENTER DRIVE CLARKSBURG, MD 20871 MAKE-A-WISH FOUNDATION 200 **HUMANITARIAN** PO BOX 97104 WASHINGTON, DC 20090 MEDICAL OUTREACH MINISTRIES **HUMANITARIAN** 200 1301 EAST SOUTHERN BLVD MONTGOMERY, AL 36116 METROPOLITAN OPERA GUILD CULTURAL/EDUCATIONAL 150 30 LINCOLN CENTER NEW YORK, NY 10133 MONTGOMERY AIDS OUTREACH **HUMANITARIAN** 200 PO BOX 11087 MONTGOMERY, AL 36111 MONTGOMERY AREA COUNCIL ON **HUMANITARIAN** 3,500 AGING 115 EAST JEFFERSON STREET MONTGOMERY, AL 36104 MONTGOMERY AREA FOOD BANK **HUMANITARIAN** 10,000 **521 TRADE CENTER STREET** MONTGOMERY, AL 36108 MONTGOMERY BALLET COMPANY CULTURAL/EDUCATIONAL 150 3201 BOXWOOD DRIVE MONTGOMERY, AL 36111 MONTGOMERY CHAMBER MUSIC ORG CULTURAL/EDUCATIONAL 500 PO BOX 6454 MONTGOMERY, AL 36106 MONTGOMERY MUSEUM OF FINE ARTS CULTURAL/EDUCATIONAL 25,500 1 MUSEUM DRIVE MONTGOMERY, AL 36117 MONTGOMERY MUSIC PROJECT CULTURAL/EDUCATIONAL 200 PO BOX 1864 MONTGOMERY, AL 36102 MONTGOMERY SYMPHONY ASSOC CULTURAL/EDUCATIONAL 5,200

301 NORTH HULL STREET MONTGOMERY, AL 36104

Total.

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year MONTGOMERY ZOO CULTURAL/EDUCATIONAL 200 2301 COLISEUM PARK MONTGOMERY, AL 36110 NAMI CALIFORNIA **HUMANITARIAN** 500 1010 HURLEY WAY SUITE 195 SACRAMENTO, CA 95825 NAMI MONTGOMERY **HUMANITARIAN** 800 437 MULLIGAN DRIVE MONTGOMERY, AL 36117 250 NATIONAL JEWISH HEALTH **RELIGIOUS** PO BOX 5898 DENVER, CO 80217 CULTURAL/EDUCATIONAL 300 NATIONAL TRUST FOR HISTORIC PRESERVATION PO BOX 5043 HAGERSTOWN, MD 21741 300 NATURE CONSERVANCY PO BOX 6017 CULTURAL/EDUCATIONAL ALBERT LEA, MN 56007 **NEW ISRAEL FUND** RELIGIOUS 1,300 330 SEVENTH AVENUE 11 FLOOR NEW YORK, NY 10001 OXFAM PO BOX 7011 **HUMANITARIAN** 500 ALBERT LEA, MN 56007 PEOPLE FOR THE AMERICAN WAY CULTURAL/EDUCATIONAL 200 PO BOX 96200 WASHINGTON, DC 20077 PLANNED PARENTHOOD PO BOX 60677 HUMANITARIAN 1,500 LOS ANGELES, CA 90060 RENASECENCE 215 CLAYTON STREET 250 CULTURAL/EDUCATIONAL MONTGOMERY, AL 36104 RIVER REGION UNITED WAY **HUMANITARIAN** 10,000 532 S PERRY STREET MONTGOMERY, AL 36104 SAFE PLACE FOR YOUTH 450 **HUMANITARIAN** 2554 LINCOLN BLVD 454 VENICE, CA 90291 1,000 SALVATION ARMY PO BOX 210307 HUMANITARIAN MONTGOMERY, AL 36121 CULTURAL/EDUCATIONAL 500 SUFFIELD ACADEMY 185 NORTH MAIN STREET SUFFIELD, CT 06078

Total . .

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year SUNSHINE CENTER PO BOX 5160 HUMANITARIAN 1,000 MONTGOMERY, AL 36103 TEMPLE BETH OR RELIGIOUS 23,800 2246 ANRROW LANE ROAD MONTGOMERY, AL 36106 TEMPLE ISAIAH 10345 W PICO BLVD RELIGIOUS 800 LOS ANGELES, CA 90064 **TEMPLE SINAI** RELIGIOUS 8,100 5645 DUPRESS DRIVE NW ATLANTA, GA 30327 TULANE UNIVERSITY **EDUCATIONAL** 2,250 200 BROADWAY STREET SUITE 209 NEW ORLEANS, LA 70118 UNICEF PO BOX 27708 **HUMANITARIAN** 1,000 NEWARK, NJ 07101 UNITED WAY OF METRO ATLANTA **HUMANITARIAN** 1,500 PO BOX 2692 ATLANTA, GA 30301 USA FOR UNHCR **HUMANITARIAN** 300 1775 K STREET NW 580 WASHINGTON, DC 20006 VENICE FAMILY CLINIC CULTURAL/EDUCATIONAL 7.000 **604 ROSE AVENUE** VENICE, CA 90291 WASHINGTON UNIVERSITY AT ST **EDUCATIONAL** 5,000 LOUIS 1 BROOKINGS DRIVE ST LOUIS, MO 63130 WELLESLEY COLLEGE 106 CENTRAL ST **EDUCATIONAL** 2,000 WELLESLEY, MA 02481 WESTSIDE FAMILY YMCA CULTURAL/EDUCATIONAL 3,000 11311 LA GRANGE AVENUE LOS ANGELES, CA 90025 WOODRUFF ARTS CENTER CULTURAL/EDUCATIONAL 5,000 1280 PEACHTREE STREET NE ATLANTA, GA 30309 ZABAN NIGHT SHELTER 500 **HUMANITARIAN** 1589 PEACHTREE STREET NE ATLANTA, GA 30309 UNIVERSITY OF CHICAGO **EDUCATIONAL** 5,000 5801 SOUTH ELLIS AVENUE CHICAGO, IL 60637 272,500 Total . За

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TY 2016 Accounting Fees Schedule						
		_	MILY FOUNDATI IONS BANK TRU 783			
Category	Amo	ount	Net Investmer Income	it A	djusted Net Income	Disbursements for Charitable Purposes
TAX PREP FEE		1,565		0		0

TY 2016 Investmer	its Corporate Bonds Schedule	
	Name: LOER FAMILY FOUNDATION INC	

lame: LOEB FAMILY FOUNDATION INC

CORPORATE BONDS

C/O REGIONS BANK TRUST DEPARTMENT

DLN: 93491194006207

1,012,850

984,582

**EIN:** 63-0960783

Name of Bond	End of Year Book Value	End of Year Fair Market Value

TY 2016 Investments Corporate Stock Schedule

Name: LOEB FAMILY FOUNDATION INC

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

DLN: 93491194006207

4,717,588

3,327,919

C/O REGIONS BANK TRUST DEPARTMENT **EIN:** 63-0960783

Name of Stock **End of Year Book End of Year Fair** Value Market Value CORPORATE STOCK

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	: 93491194006207		
TY 2016 Other Expenses Schedule						
Name:	LOEB FAMILY FO	OUNDATION INC				
	C/O REGIONS BANK TRUST DEPARTMENT					
EIN:	63-0960783					
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
ADR FEES	137	137		0		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491194006207
TY 2016 Other Income Scheduk	e	

Name: LOFB FAMILY FOUNDATION INC.

C/O REGIONS BANK TRUST DEPARTMENT

**EIN:** 63-0960783

Other Income Schedule				
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income	
SECURITIES LITIGATION	101	101	101	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491194006207
TY 2016 Other Increases Sche			
Name:	LOEB FAMILY	FOUNDATION INC	
	C/O REGIONS	BANK TRUST DEPARTMENT	
EIN:	63-0960783		
Description		Amount	
ACCRETION OF WALT DISNEY			2,173

efile GRAPHIC print - DO NOT PROCE	ESS As Filed Data	-	DL	N: 93491194006207	
TY 2016 Other Professional Fees Schedule					
Name: LOEB FAMILY FOUNDATION INC					
C/O REGIONS BANK TRUST DEPARTMENT					
	•		CFAKIMENI		
<b>EIN:</b> 63-0960783					
Category	Amount	Net Investment	Adjusted Net	Disbursements for Charitable	
		Income	Income	Purposes	
INVESTMENT MANAGEMENT FEE	29,181	29,181		0	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491194006207		N: 93491194006207
TY 2016 Taxes Schedule				
				,
Name:	: LOEB FAMIL	Y FOUNDATION IN	С	!
	C/O REGIONS BANK TRUST DEPARTMENT			
<b>EIN:</b> 63-0960783				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES WITHHELD	2,542	2,542		0
FORM 990-PF BALANCE DUE	1,323	0		0
FORM 990-PF ESTIMATES	4,230	0		0