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

Do not enter social security numbers on this

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

| For | calen | dar year 2017 or tax year beginning | and ending | | | | <u></u> | |
|---|----------|---|------------------------------|-------------|---------------------------------------|--|---|---------------|
| Na | me of fo | undation | | | A Empl | oyer identification number | | _ |
| <u> </u> | | | | | | | | |
| ©_1 | ERR | ELL FAMILY FOUNDATION | | | 20 | -6020552 | | |
| | | d street (or P O box number if mail is not delivered to street address) | Ro | om/suite | | hone number (see instructions | 5) | _ |
| | | HIGHLAND AVENUE | | | 70 | 6-369-7718 | | _ |
| | THE | n, state or province, country, and ZIP or foreign postal code NS GA 30606 | | | C If exe | mption application is pending, | check here | \square . |
| | | | | | | | _ | |
| | neck | | rn of a former public cl | narity | D 1. Fo | oreign organizations, check he | re ► [| Ш |
| [17] | | Final return Amended | | | | preign organizations meeting t | | _ |
| <u> </u> | | X Address change Name cha | | | 85 | 5% test, check here and attach | computation ► | Ш |
| | | type of organization X Section 501(c)(3) exempt private | foundation | oy | E If priv | ate foundation status was tem | ninated under | $\overline{}$ |
| ' \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | | le private foundation | | section | on 507(b)(1)(A), check here | ▶ [| Ш |
| 90 | | rket value of all assets at J Accounting method | X Cash Acc | rual | F If the | foundation is in a 60-month te | rmination r | $\overline{}$ |
| eı | nd of y | ear (from Part II, col (c), Other (specify) | | | under | section 507(b)(1)(B), check h | ere 🕨 | Ш |
| | ne 16) | ▶ \$ 1,113,775 (Part I, column (d) must | be on cash basis) | | | | | |
| Pi | art I | Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal | (a) Revenue and expenses per | (b) Net inv | | (c) Adjusted net | (d) Disbursements for charitable | |
| | | the amounts in column (a) (see instructions)) | books | incor | ne | ıncome | purposes (cash basis only) | |
| | 1 | Contributions, gifts, grants, etc , received (attach schedule) | | | | | | _ |
| | 2 | Check ► X if the foundation is not required to attach Sch B | | | | | | |
| | 3 | Interest on savings and temporary cash investments | 31,812 | | 31,812 | | | |
| | 4 | Dividends and interest from securities | 26,167 | | 26,167 | | | |
| | 5a | Gross rents | | | 151 | 1617-1517 PM | *************************************** | |
| | Ь | Net rental income or (loss) | | | \$ y | | | |
| 2 | 6a | Net gain or (loss) from sale of assets not on line 10 | 680 | | 12 11 | i ichi i | | |
| Revenue | ь | Gross sales price for all assets on line 6a 890 , 720 | | | 121 2 | 34 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| æ | 7 | Capital gain net income (from Part IV, line 2) | | | 680 | AA . | ••••••••••• | |
| _ | 8 | Net short-term capital gain | | | · · · · · · · · · · · · · · · · · · · | 0 | | |
| | 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) STMT 1 | 1,500 | | 1,500 | | | |
| | 12 | Total. Add lines 1 through 11 | 60,159 | | 60,159 | | | |
| | 13 | Compensation of officers, directors, trustees, etc | 0 | | | | | |
| penses | 14 | Other employee salaries and wages | | | | | | _ |
| Ë | 15 | Pension plans, employee benefits | | | | | | |
| - | 16a | Legal fees (attach schedule) | | | - | | | _ |
| Ñ | b | Accounting fees (attach schedule) STMT 2 | 7,579 | | 7,579 | | | _ |
| ĕ | С | Other professional fees (attach schedule) STMT 3 | 6,960 | | 6,960 | | | — |
| ā | 17 | Interest | | ļ <u></u> | -,,,,, | | | _ |
| <u>s</u> | 18 | Taxes (attach schedule) (see instructions) STMT 4 | 289 | | | - | | |
| <u>=</u> | 19 | Depreciation (attach schedule) and depletion | 203 | | | | | _ |
| Operating and Administrative | 20 | Occupancy | <u> </u> | | | - | | |
| Ă | 21 | Travel, conferences, and meetings | } | | | | | _ |
| пd | 22 | Printing and publications | } | | | | | — |
| a | 23 | Other expenses (att sch) | | | | | | |
| ŭ | 24 | Total operating and administrative expenses. | | <u> </u> | | | | — |
| ī | - ' | Add lines 13 through 23 | 14,828 | ١. | 14,539 | o | | 0 |
| be | 25 | Contributions, gifts, grants paid | 63,000 | | _ = , J J J | | 63,00 | _ |
| 0 | 26 | Total expenses and disbursements. Add lines 24 and 25 | 77,828 | | L4,539 | 0 | 63,00 | _ |
| | 27 | Subtract line 26 from line 12 | 11,028 | | , 333 | <u> </u> | 83,00 | |
| | a | Excess of revenue over expenses and disbursements | -17,669 | | | | | |
| | b | Net investment income (if negative, enter -0-) | 11,009 | | 45,620 | | | |
| | c | Adjusted net income (if negative, enter -0-) | | | -3,020 | 0 | | |
| | | | | | | , U | 1 | |

For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2017)

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

2 Enter amount from Part I, line 27a

3 Other increases not included in line 2 (itemize)

4 Add lines 1, 2, and 3

5 Decreases not included in line 2 (itemize)

5 SEE STATEMENT 7

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

1 1,118,708

2 -17,669

3 1

4 1,101,039

5 198

Form 990-PF (2017)

| | | _ |
|--|------|----|
| | Dage | -7 |

| Part IV Capital Gains a | nd Losses for Tax on Investme | ent Income | | | |
|--|---|---------------------------------------|--|------------------------------|--|
| | the kind(s) of property sold (for example, real estate, arehouse, or common stock, 200 shs MLC Co) | | (b) How acquired P – Purchase D – Donation | (c) Date acqu (mo, day, y | |
| 1a SEE WORKSHEET | | | | | |
| _b | | | | | |
| _c | | | | · | |
| _d | - | | | | |
| _e | 40 Daniel Parker all and | (5) (5-1) | | | (1) Core or (1999) |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | | r other basis ense of sale | | (h) Gain or (loss) e) plus (f) minus (g)) |
| _a | | | | | |
| b | | | | | |
| _с | | | | | |
| _d | | | | | |
| General de carlo de caracte de la caracte de | | | | | |
| Complete only for assets snowin | g gain in column (h) and owned by the fo | | | | ins (Col. (h) gain minus |
| (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | | ss of col (i) | | , but not less than -0-) or osses (from col. (h)) |
| a | | | 3,1 | | |
| b | | | | | |
| _ c | | | | | |
| d | | | | | |
| _ е | | | | | |
| 2 Capital gain net income or (net c | apital loss) If gain, also enter in If (loss), enter -0- in | · · · · · · · · · · · · · · · · · · · | } | 2 | 680 |
| 3 Net short-term capital gain or (lo | ss) as defined in sections 1222(5) and (6 | | | , | |
| If gain, also enter in Part I, line 8 | , column (c) See instructions If (loss), e | nter -0- in | { | 1 | 202 |
| Part V Qualification U | nder Section 4940(e) for Reduc | | | 3 | -303 |
| If section 4940(d)(2) applies, leave the Was the foundation liable for the sectif "Yes," the foundation does not qua | tion 4942 tax on the distributable amoun | t of any year in the ete this part | base period? | | Yes X No |
| | each column for each year, see the instr | uctions before mak | ing any entries | | (4) |
| (a) Base period years Calendar year (or tax year beginning in | | | (c) se of noncharitable-use assets | | (d) Distribution ratio (col (b) divided by col (c)) |
| 2016 | | ,269 | 1,043,8 | | 0.060611 |
| 2015 | | ,000 | 1,186,7 | | 0.039604 0.051108 |
| 2014 | | ,975 ,000 | 1,251,7 1,253,9 | | 0.050239 |
| <u>2013</u> 2012 | | ,052 | 1,219,0 | | 0.052543 |
| | | 7 9 9 9 1 | | | |
| 2 Total of line 1, column (d) | | | | 2 | 0.254105 |
| 3 Average distribution ratio for the | 5-year base period divide the total on I | ine 2 by 5 0, or by t | he | | |
| number of years the foundation l | has been in existence if less than 5 years | 5 | | 3 | 0.050821 |
| 4 Enter the net value of noncharita | able-use assets for 2017 from Part X, line | 5 | | 4 | 1,106,224 |
| 5 Multiply line 4 by line 3 | | | | 5 | 56,219 |
| 6 Enter 1% of net investment inco | me (1% of Part I, line 27b) | | | 6 | 456 |
| 7 Add lines 5 and 6 | | | | 7 | 56,675 |
| 8 Enter qualifying distributions from If line 8 is equal to or greater that Part VI instructions | n Part XII, line 4 in line 7, check the box in Part VI, line 1b | , and complete that | t part using a 1% tax ra | 8 See the | 63,000 |
| | | | | | 000 BE |

| | 1990-PF (2017) TERRELL FAMILY FOUNDATION 20-6020552 7 | | <u>P</u> ; | age 4 |
|-----|--|----------------|------------|--------------|
| ∌Pŧ | Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions) | | · | |
| | Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 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 | | | <u> 456</u> |
| | here ▶ X and enter 1% of Part I, line 27b | , | | |
| С | All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of | | | |
| | Part I, line 12, col (b) | | | _ |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) | | | _0_ |
| 3 | Add lines 1 and 2 | | | <u> 456</u> |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) | | | 0 |
| 5 | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- | 20.2 | | 456 |
| 6 | Credits/Payments· | | | <i>M</i> |
| а | 2017 estimated tax payments and 2016 overpayment credited to 2017 6a 504 | | | |
| þ | Exempt foreign organizations – tax withheld at source | | | <i>\\\\</i> |
| С | Tax paid with application for extension of time to file (Form 8868) 6c 550 | | | |
| d | Backup withholding erroneously withheld | | 14 | 2% |
| 7 | Total credits and payments Add lines 6a through 6d | | 1, | <u>054</u> |
| 8 | Enter any penalty for underpayment of estimated tax. Check here. If Form 2220 is attached. | | | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | | |
| 0 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | | <u> 598</u> |
| 1 | Enter the amount of line 10 to be Credited to 2018 estimated tax ▶ 598 Refunded ▶ 11 | | | |
| Pa | art 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 | | Yes | No |
| | participate or intervene in any political campaign? | 1a | | X |
| þ | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the | | | |
| | Instructions for the definition | 1b | | X |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials | | | |
| | published or distributed by the foundation in connection with the activities | | | |
| С | Did the foundation file Form 1120-POL for this year? | 1c | | X |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year | | | |
| | (1) On the foundation ▶ \$ (2) On foundation managers ▶ \$ | | | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed | | | |
| | on foundation managers > \$ | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | 2 | | X |
| | If "Yes," attach a detailed description of the activities | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of | | | |
| | incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | 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? | 4b | _ | 77 |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | 5 | | X |
| _ | If "Yes," attach the statement required by General Instruction T | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either | | | |
| | By language in the governing instrument, or | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that | | x | |
| _ | conflict with the state law remain in the governing instrument? | 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 | 7 | | - |
| 8a | Enter the states to which the foundation reports or with which it is registered. See instructions GA | | | |
| þ | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General | | | |
| | (or designate) of each state as required by General Instruction G? If "No," attach explanation | 8b | X | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or | | | |
| | 4942(j)(5) for calendar year 2017 or the taxable year beginning in 2017? See instructions for Part XIV If "Yes," | [| [| |
| | complete Part XIV | 9 | <u> </u> | X |
| 0 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their | 1 | 1 | |
| | names and addresses | 10 | i | X |

| Pa | irt VII-A Statements Regarding Activities (continued) | | | | | |
|------|---|--------------|--------------|----------|-----------|-------------------|
| | | | | | Yes | No |
| 11 ' | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the | | | | | |
| | meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions | | | 11 | | <u> </u> |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified | | | | 1 | |
| | person had advisory privileges? If "Yes," attach statement. See instructions | | | 12 | | <u>X</u> |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application | on? | | 13 | X | |
| | Website address ► N/A | | 306 2 | ~ | 774 | ^ |
| 14 | | one no 🕨 | 706-3 | 69- | //1 | 8 |
| | 233 HIGHLAND AVENUE | h | 20606 | | | |
| 4- | Located at Athens GA | ZIP+4 ▶ | 30606 |) | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here | . (. | 1 | | 1 | ~ \sqcup |
| 40 | and enter the amount of tax-exempt interest received or accrued during the year | P | 15 | | V T | |
| 16 | At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority | | ı | 16 | Yes | No X |
| | over a bank, securities, or other financial account in a foreign country? | | | 11 14 | 7.7 %/ | 32 SQ 7 |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶ | | | the sign | * | |
| Pa | irt VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | | | | |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | | | Yes | No |
| 1a | During the year, did the foundation (either directly or indirectly). | | | | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | Yes | X No | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a | | | | | |
| | disqualified person? | Yes | X No | | | İ |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | Yes | X No | | | i |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | Yes | X No | | | į |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available for | _ | | | | į |
| | the benefit or use of a disqualified person)? | Yes | X No | | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" if the | | | | | ĺ |
| | foundation agreed to make a grant to or to employ the official for a period after | | _ | | | ĺ |
| | termination of government service, if terminating within 90 days) | Yes | X No | | | ĺ |
| b | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulation | ns | 4- | | | |
| | section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions | | N/A | 1b | | |
| | Organizations relying on a current notice regarding disaster assistance, check here | | ▶ 📙 | | | |
| C | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that | | 37/3 | | | |
| | were not corrected before the first day of the tax year beginning in 2017? | | N/A | 1c | | |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private | | | | | |
| | operating foundation defined in section 4942(j)(3) or 4942(j)(5)) | | | | | |
| а | At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and | Yes | X No | | | |
| | 6e, Part XIII) for tax year(s) beginning before 2017? If "Yes," list the years ► 20 , 20 , 20 , 20 | | A NO | | | |
| b | If "Yes," list the years ► 20 , 20 , 20 , 20 . 20 Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) | | | | İ | |
| | (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to | | | | | |
| | all years listed, answer "No" and attach statement – see instructions) | | N/A | 2b | | |
| С | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here | | • | · | | |
| | ▶ 20 , 20 , 20 , 20 | | | | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise | | | | | |
| | at any time during the year? | Yes | X No | | | |
| b | If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or | | | | | |
| | disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the | | | | | |
| | Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of | | | | | |
| | the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the | | | | | |
| | foundation had excess business holdings in 2017) | | N/A | 3b_ | <u> </u> | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes' | ? | | 4a | | X |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its | | | | | |
| | charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 20 | 172 | | 4b | <u> </u> | <u> </u> |
| | | | | . 01 | an Di | F (2017) |

| Form | 990-PF (2017) TERRELL FAMI | LY FOUNDATION | 20-6 | 020552 | | | Page 6 |
|------|--|--------------------------------------|---------------------------------------|-------------------|--|----------------|---------------------------|
| Pe | rt VII-B Statements Regardi | ng Activities for Which F | orm 4720 May Be R | equired (cont | tinued) | | |
| 5a | During the year did the foundation pay or | incur any amount to | | | | - 1 | |
| | (1) Carry on propaganda, or otherwise a | ttempt to influence legislation (se | ction 4945(e))? | \Box | Yes X No | ı Î | 1″ |
| | (2) Influence the outcome of any specific | public election (see section 495 | 5); or to carry on, | | | Í | 1 1 |
| | directly or indirectly, any voter registr | · | • | \Box . | Yes 🗓 No | ţ | 1 |
| | (3) Provide a grant to an individual for tra | | ses? | T, | Yes X No | | 1 |
| | (4) Provide a grant to an organization otl | | | | | - # | 1 |
| | section 4945(d)(4)(A)? See instruction | - | 2000000 | \Box , | Yes 🗓 No | - # | 1 |
| | (5) Provide for any purpose other than re | | rary or educational | Ш | | . f | 1 |
| | purposes, or for the prevention of cru | _ | ary, or educational | П, | Yes 🗓 No | | . 1 1 |
| b | • • • | | fundar the eventions d | | res [25] 110 | | .4 23 |
| D | If any answer is "Yes" to 5a(1)–(5), did an | | - | escribed iii | N/A | | in M |
| | Regulations section 53 4945 or in a curre | | | | · "A | 5b | |
| | Organizations relying on a current notice | | ••• ••• | | ▶ ⊔ } | | |
| С | If the answer is "Yes" to question 5a(4), o | | tion from the tax | 37/3 🗇 . | | | |
| | because it maintained expenditure respons | | | N/A 🗌 | Yes L No | | |
| | If "Yes," attach the statement required by | - | | | | 9 12 | - W |
| 6a | Did the foundation, during the year, recei | ve any funds, directly or indirectly | y, to pay premiums | _ | | | |
| | on a personal benefit contract? | | | □, | Yes 🗓 No | | |
| b | Did the foundation, during the year, pay p | premiums, directly or indirectly, or | n a personal benefit contr | act? | | 6b | X |
| | If "Yes" to 6b, file Form 8870 | | | | | | |
| 7a | At any time during the tax year, was the f | oundation a party to a prohibited | tax shelter transaction? | | Yes 🗓 No | | |
| b | If "Yes," did the foundation receive any p | roceeds or have any net income | attributable to the transac | tion? | N/A | 7b | |
| Pa | rt VIII Information About Of | ficers, Directors, Trustee | s, Foundation Mana | gers, Highly | Paid Employ | es, | |
| | and Contractors | | | | | | |
| 1 1 | ist all officers, directors, trustees, and | foundation managers and their | r compensation. See ins | tructions. | | | |
| | | | (b) Title, and average | (c) Compensation | (d) Contributions to | | |
| | (a) Name and a | ddress | hours per week | (If not paid, | employee benefit plans and deferred | | nse account, llowances |
| | | | devoted to position | enter -0-) | compensation | l Outer a | nowances |
| 1.0 | USIE T ADAMS | ATHENS | TRUSTEE & SE | | | | |
| | 3 HIGHLAND AVENUE | GA 30606 | 2.00 | c | | 1 | 0 |
| | HN H. TERRELL, III | ATHENS | TRUSTEE | | † <u>-</u> | | |
| | 0 E BROAD STREET, STE #116 | GA 30606 | 1.00 | c | ٥ | | o |
| | ETA T. COVINGTON | ATHENS | TRUSTEE | | † | <u> </u> | |
| | | | (| C | ه ا | | o |
| | 5 MILLEDGE CIRCLE | GA 30606 | 2.00 | | ¦ | | |
| | | | | | | | |
| | | | | | | 1 | |
| 2 | Compensation of five highest-paid em "NONE." | ployees (other than those inch | uded on line 1 – see insi | ructions). Il noi | ie, enter | | |
| | HOHE. | | | | (d) Contributions to | T | |
| | fallows and address of a six and a six | and #50 000 | (b) Title, and average hours per week | 4-) Compospolion | (d) Contributions to employee benefit | (e) Exper | nse account, |
| | (a) Name and address of each employee p | aid more than \$50,000 | devoted to position | (c) Compensation | plans and deferred | other a | illowances |
| | | | | · | compensation | - | |
| NC | NE | | | | | ì | |
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| | | | | <u> </u> | | <u> </u> | |
| Tota | I number of other employees paid over \$5 | 0.000 | | | • | | |

| Form 990-PF (20 | 017) TERRELL FAMILY FOUNDATION | 20-6020552 | Page 7 |
|---------------------------------------|---|---------------------------------------|------------------|
| Part VIII | Information About Officers, Directors, Trustees, Foundation and Contractors (continued) | on Managers, Highly Paid E | |
| 3 · Five high | est-paid independent contractors for professional services. See instruction | ns. If none, enter "NONE." | |
| | (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | · · · · · · · · · · · · · · · · · · · | |
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| | others receiving over \$50,000 for professional services | | <u> </u> |
| Part IX-A | Summary of Direct Charitable Activities | | |
| | s four largest direct charitable activities during the tax year. Include relevant statistical information such a other beneficiaries served, conferences convened, research papers produced, etc | s the number of | Expenses |
| 1 N/A | | | |
| | | | |
| 2 | | | |
| | | | |
| 3 | | | |
| | | | |
| 4 | | | |
| | | | : |
| Part IX-B | Summary of Program-Related Investments (see instruction | ns) | |
| | rgest program-related investments made by the foundation during the tax year on lines 1 and 2 | | Amount |
| 1 N/A | | | |
| | | | |
| 2 | | | |
| | | | |
| All other program-r | elated investments. See instructions | | |
| 3 | | | |
| | | | |
| Total. Add lines | 1 through 3 | <u> </u> | |

| FOIL | 1990-PF (2017) TERREDE FAMILE FOUNDATION 20-0020332 | | Page 6 |
|------|--|----------|----------------|
| P | Minimum Investment Return (All domestic foundations must complete this part. Foreign | n fou | ndations, |
| | see instructions.) | F 1 | |
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., | [] | |
| | purposes. | | 1 007 040 |
| a | Average monthly fair market value of securities | 1a | 1,097,940 |
| Ь | Average of monthly cash balances | 1b | 25,130 |
| С | Fair market value of all other assets (see instructions) | 1c | 1 100 070 |
| d | Total (add lines 1a, b, and c) | 1d | 1,123,070 |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) | 1″ 1 | • |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 1 102 070 |
| 3 | Subtract line 2 from line 1d | 3 | 1,123,070 |
| 4 | Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see |] | 4.6.64.6 |
| | instructions) | 4 | 16,846 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 1,106,224 |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 55,311 |
| P | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating | found | ations |
| | and certain foreign organizations check here ▶ and do not complete this part.) | | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 55,311 |
| 2a | Tax on investment income for 2017 from Part VI, line 5 | 1 1 | |
| b | Income tax for 2017 (This does not include the tax from Part VI) | | |
| C | Add lines 2a and 2b | 2c | 456 |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 54,855 |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | 54,855 |
| 6 | Deduction from distributable amount (see instructions) | 6 | |
| 7 | Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, | | |
| _ | line 1 | 7 | <u>54,85</u> 5 |
| P | 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 | 63,000 |
| þ | Program-related investments – total from Part IX-B | 1b | |
| 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 | | |
| а | Suitability test (prior IRS approval required) | За | |
| 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 | 63,000 |
| 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 See instructions | 5 | 456 |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 62,544 |
| | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foun | | |
| | multiple for the earlier (0.40(a) and other of the unit because of | | |

| Pa | rt X国 | <u>(see instructions)</u> | <u></u> | | | |
|----|---|---------------------------|-----------------------|---------------------|-----------------|--|
| | | | (a) | (b) | (c) | (d) 2017 |
| 1 | Distributable amount for 2017 from Part X | l, | Corpus | Years prior to 2016 | 2016 | |
| | line 7 | | | | <u> </u> | 54,855 |
| 2 | Undistributed income, if any, as of the end | d of 2017 | | , | , | |
| | Enter amount for 2016 only | | | | | |
| b | Total for prior years 20 , 20 | | | | | |
| 3 | Excess distributions carryover, if any, to 2 | 017 [.] | ** | | | , |
| | From 2012 | | <i>d''</i> | | | .3 .7 |
| b | From 2013 | | fill sapita s | 1 14 14 | The second | 2 11 11 11 |
| C | From 2014 | | Marie Marie Miller | Marine Harris | Vir Lada Sant S | Co. An. Mr. Ann. M. |
| d | From 2015 | | | | | |
| е | From 2016 L | 5,666 | hannan manana ana ana | | | |
| f | Total of lines 3a through e | | 5,666 | | | |
| 4 | Qualifying distributions for 2017 from Part | XII, | | | | |
| | line 4 ▶ \$63,000 | | | | 17 1 11 | * * * * * * * * * * * * * * * * * * * |
| | Applied to 2016, but not more than line 2a | | | | | |
| b | Applied to undistributed income of prior ye | ears | | | i | |
| | (Election required – see instructions) | | | | | |
| С | Treated as distributions out of corpus (Ele | ection | | | | |
| | required – see instructions) | | | | | 54,855 |
| d | Applied to 2017 distributable amount | | 0 145 | | | 32,000 |
| е | | | 8,145 | | | |
| 5 | Excess distributions carryover applied to | | | | | |
| | (If an amount appears in column (d), the | same | | | | |
| _ | amount must be shown in column (a)) | | 1 | | | |
| 6 | Enter the net total of each column as | | | | | |
| | indicated below: | Alma F | 13,811 | | | |
| a | • | | 13,011 | | | |
| t | Prior years' undistributed income Subtra | Ct | | | | |
| | line 4b from line 2b | utod | | | | |
| C | Enter the amount of prior years' undistrib | | | | | |
| | income for which a notice of deficiency h | | | | | |
| | been issued, or on which the section 494 | 2(a) | | | | |
| _ | tax has been previously assessed Subtract line 6c from line 6b Taxable | | | | | |
| (| | | | | | |
| _ | amount – see instructions Undistributed income for 2016, Subtract | line | | | | |
| • | 4a from line 2a Taxable amount – see | iiiie | | | | |
| | | | | | | |
| f | Instructions Undistributed income for 2017 Subtract | lines | | | | |
| T | 4d and 5 from line 1. This amount must be | | | | | |
| | distributed in 2018 | | | | | 0 |
| 7 | Amounts treated as distributions out of c | orpus | | | | |
| • | to satisfy requirements imposed by secti | | | | | |
| | 170(b)(1)(F) or 4942(g)(3) (Election may | | | | | |
| | required—see instructions) | | | | | |
| 8 | Excess distributions carryover from 2012 | 2 not | | | | |
| • | applied on line 5 or line 7 (see instruction | | | | | |
| 9 | Excess distributions carryover to 201 | | | | | |
| • | Subtract lines 7 and 8 from line 6a | | 13,81 | 1 | | |
| 10 | Analysis of line 9 | | | | | |
| a | | | | | | |
| b | | | | | | |
| C | | | | | | |
| d | | 5,66 | 6 | | | |
| e | | 8,14 | 5 | | | - 000 PE (004 |
| _ | | | | | | |

ownership of a partnership or other entity) of which the foundation has a 10% or greater interest N/A

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d See instructions

The name, address, and telephone number or email address of the person to whom applications should be addressed LOUISE T. ADAMS 706-369-7718

233 HIGHLAND AVENUE ATHENS GA 30606

The form in which applications should be submitted and information and materials they should include

SEE STATEMENT 8

c Any submission deadlines

SEE STATEMENT 9

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

SEE STATEMENT 10

| Grants and Contributions Paid During the | | -uture Payment | | |
|--|--|----------------------|---------------------------------------|-------------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| a Paid during the year | | | | |
| SEE STATEMENT 11 | | | | |
| | | | | 63 000 |
| | | | | 63,000 |
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| Total b Approved for future payment | <u> </u> | Т | > 3a | 63,000 |
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| Total | | | > 3b | 000 DE |

| Enter gross am | ounts unless otherwise indicated | Unrelate | d business income | Exclude | d by section 512, 513, or 514 | (et |
|--|---|------------------|---|---------------------|--|--|
| 4 Drac | | (b) Amount | (c) Exclusion code | (d) Amount | (e) Related or exempt function income (See instructions) | |
| 1 Program se | | | - | | | |
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| f | | | | | | |
| | nd contracts from government agencies | | | | | |
| | o dues and assessments | | _ | | | |
| 3 Interest on | savings and temporary cash investments | | | 14 | 31,812 | |
| | nd interest from securities | | | 14 | 26,167 | |
| | ncome or (loss) from real estate | | 11. 11. 11. 11. 11. 11. 11. 11. 11. 11. | pa 12 c | March Congress | 19 m /1990 m 199 |
| | anced property | | <u></u> | | | ······································ |
| | ot-financed property | | | | | |
| | ncome or (loss) from personal property | | | | | |
| 7 Other invest | | | | 18 | 1,500 | |
| 8 Gain or (los | s) from sales of assets other than inventory | | | 18 | 680 | |
| | or (loss) from special events | | | | | |
| | or (loss) from sales of inventory | | | | | |
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| c d e | dd columns (b), (d), and (e) | | 0 | | 60,159 | (|
| cd el2 Subtotal Ad | | | 0 | | 60,159 | 60,159 |
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| cd e 12 Subtotal Add I | dd columns (b), (d), and (e) line 12, columns (b), (d), and (e) in line 13 instructions to verify calculations) Relationship of Activities to the Ac | | ent of Exempt P | urpose | 13 9S | 60,159 |
| c d e 12 Subtotal Ad I3 Total. Add I See worksheet Part XVI-B Line No. | dd columns (b), (d), and (e) line 12, columns (b), (d), and (e) in line 13 instructions to verify calculations) | is reported in c | ent of Exempt P | urpose A contrib | 13 es outed importantly to the | 60,159 |
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| Part X | | nformation Reg Exempt Organiz | | nsfers To an | d Transactio | ns and Relations | ships Wit | h Noncharitat | ole | | |
|------------------|-----------------------|--|-------------------|------------------------|---------------------|---|----------------|--|---------------|------------|---------------|
| 1 'Did t | | | | e in any of the foll | lowing with any o | ther organization des | cribed | | T | Yes | No |
| | | 1(c) (other than sect | | • | | - | OIIDOG | | 1 1 | - 1 | 3 |
| | nızation | | | | | naming to position. | | | | .] | |
| _ | | m the reporting found | lation to a nor | ncharitable eyemi | nt organization of | ; . | | | 1 1 | 1 | / |
| (1) (| | the reporting realic | ation to a nor | ionaritable exemp | pt organization of | | | | 1a(1) | · 1 | x |
| • • | Other as | eate | | | | | | | $\overline{}$ | -+ | $\frac{x}{x}$ |
| b Othe | | | | | | | | • | 1a(2) | | |
| | | | 1.1. | | | | | | | j | v |
| | | assets to a noncharit | • | • | | | | | 1b(1) | | X |
| | | es of assets from a no | | | on | | | | 1b(2) | | X |
| (3) F | Rental of | facilities, equipment, | or other asse | ets | | | | | 1b(3) | | X |
| | | sement arrangements | 3 | | | | | , | 1b(4) | | X |
| | | loan guarantees | | | | | | , | 1b(5) | | X |
| (6) F | Performa | ince of services or me | embership or | fundraising solicit | tations | | | | 1b(6) | | X |
| c Shar | ing of fa | cilities, equipment, m | ailing lists, oth | her assets, or pai | d employees | | | | 1c | | X |
| d If the | answer | to any of the above i | s "Yes," comp | olete the following | schedule Colur | nn (b) should always | show the fai | r market | | | |
| value | e of the | goods, other assets, o | or services giv | en by the reportii | ng foundation If | the foundation receive | ed less than | faır market | | | |
| value | e in any | transaction or sharing | arrangemen | t, show in column | (d) the value of | the goods, other asse | ets, or servic | es received | | | |
| (a) Line | | (b) Amount involved | | of noncharitable exemp | | | | sactions, and sharing a | rrangemer | nts | |
| N/A | | | | | | | | | | | |
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| desc | cribed in es," com | section 501(c) (other plete the following sc | than section : | 501(c)(3)) or in se | ection 527? | -exempt organization | | on of relationship | Ye | s X | No |
| N/A | | Name of organization | | (b) Type of o | organization | | (c) Descript | on or relationship | | | |
| N/A | · | | | | | | | | | | |
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| | lada | handania tarib | | | | dulas and statements are | in the book of | ny kaondodes and bei | 6 4 10 4= = | | |
| | | | | | | edules and statements, and which preparer has any kno | | May the IRS dis | cuss this re | elow? | |
| Here | . 1 | , N | 110-1 | | | t 4 | | See instructions | <u>, L</u> | Yes | No |
| | N YM | OLLIAD NILTH | ull adi | ann | 17 | 111118 | TRUS | TEE & SEC | RETA | RY | |
| () | Signa | ture of officer or trustee | an val | <u> </u> | Date | ····· | Title | | | | |
| ~~~ ┤ | | | | | | <u>-</u> | | —————————————————————————————————————— | | | |
| 1 | Print/Typ | e preparer's name | | | Preparer's signatur | | _ | Date | | Check | ٦ ال |
| Paid | | | | | | Elliot | - |] | | self-em | ployed |
| Preparer | SHARC | N M. ELLIOTT | | | SHARON M. | ELLIOTT | | 07/0 | 2/18 | L | |
| Use Only | Firm's na | | | | GROUP | | | PTIN | | | |
| USE UIIIY | Firm's ac | | BOX 19 | | | | Ĺ | Firm's EIN ▶ | | | |
| | | ATHE | NS, GA | 30603 | | | | Phone no 70 | 6-54 | <u>6-1</u> | 422 |
| | | | | | | | | - - | Form 99 | 0-PF | (2017) |

| Form 990-PF | Capital Gains and Losses | for Tax on Investment In | come | 2017 | | | | | | | |
|--------------------------------------|--|--|--|--|--|--|--|--|--|--|--|
| For cale | endar year 2017, or tax year beginning | , and ending | | | | | | | | | |
| Name | | | Employer ide | ntification Number | | | | | | | |
| TERRELL FAMILY | FOUNDATION | | 20-6020 |)552 | | | | | | | |
| (a) List and des 2-story brick | (C) Date acquired (mo , day, yr) | (d) Date sold (mo , day, yr) | | | | | | | | | |
| (1) PUBLICLY TRAD | ED-SHORT TERM-310 | D-Donation P | | | | | | | | | |
| (2) PUBLICLY TRAD | | | | | | | | | | | |
| | ED-LONG TERM-310 | P | | | | | | | | | |
| | ED-LONG TERM-310 | <u> </u> | | <u> </u> | | | | | | | |
| (5) PUBLICLY TRADED-SHORT TERM-311 P | | | | | | | | | | | |
| | PUBLICLY TRADED-LONG TERM-311 P | | | | | | | | | | |
| (7) (8) MORGAN STANLE | v _311 | | | | | | | | | | |
| (9) MORGAN STANLE | | | | | | | | | | | |
| (10) | | | | | | | | | | | |
| (11) | | | | | | | | | | | |
| (12) | | | | | | | | | | | |
| (13) | | | <u> </u> | | | | | | | | |
| (14) | | | | | | | | | | | |
| (15) | | L | <u> </u> | <u> </u> | | | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gair (e) olus (f | n or (loss)) minus (g) | | | | | | | |
| (1) 266,000 | (e. 2, | 258,583 | - · · · · · · · · · · · · · · · · · · · | 7,417 | | | | | | | |
| (1) 266,000 (2) 27,900 | | 26,658 | | 1,242 | | | | | | | |
| (3) 158,338 | | 176,494 | - | 18,156 | | | | | | | |
| (4) 203,514 | | 197,086 | | 6,428 | | | | | | | |
| (5) 168,941 | | 165,849 | | 3,092 -326 | | | | | | | |
| (6) 65,044 | | 65,370 | | | | | | | | | |
| (7) | <u> </u> | <u> </u> | | | | | | | | | |
| (8) 960 | | | ļ | 960 | | | | | | | |
| (9) 23 | | | | 23 | | | | | | | |
| (10) | | | | | | | | | | | |
| (11) (12) | | | | | | | | | | | |
| (13) | | | | | | | | | | | |
| (14) | | | | | | | | | | | |
| (15) | | | | | | | | | | | |
| | | | | | | | | | | | |
| Complete only for assets show | wing gain in column (h) and owned by the | foundation on 12/31/69 | (I) Gains (C | ol (h) gain minus | | | | | | | |
| (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col (i) over col (j), if any | col (k), but not le Losses (from | ol (h) gain minus iss than -0-) Of m col (h)) | | | | | | | |
| (1) | | | | 7,417 | | | | | | | |
| (2) | | | | 1,242 | | | | | | | |
| (3) | | | | 18,156 | | | | | | | |
| (4) | | | | 6,428 | | | | | | | |
| (5) | | | | 3,092 | | | | | | | |
| (6) | | | | -326 | | | | | | | |
| (7) | | | | 960 | | | | | | | |
| (8) | | | | 23 | | | | | | | |
| (9) | | | | 2 | | | | | | | |
| (10) | | | | | | | | | | | |
| <u>(11)</u> (12) | | | | | | | | | | | |
| (13) | | | | | | | | | | | |
| (14) | | | | | | | | | | | |
| | | | | | | | | | | | |

| | Federal Statements | | |
|----------------------------------|--------------------|-----------------|--|
| 102358 Terrell Family Foundation | 20-6020552 | FYE: 12/31/2017 | |

7/2/2018

| | Fair Market Value | \$ 356,884 743,178 | \$ 1,100,062 |
|---|-----------------------|----------------------------|------------------|
| nents | Basis of Valuation | COST | |
| 3 - Other Invest | End of Year | 334,783 751,827 | 1,086,610 |
| ine 1 | • | w. | ا _* ا |
| Form 990-PF, Part II, Line 13 - Other Investments | Beginning of Year | \$ 281,607 | \$ 1,108,275 |
| Statement 5 - F | Description | MSSB 117311 MSSB 117310 | TOTAL |

102358 Terrell Family Foundation

20-6020552

Federal Statements

7/2/2018

FYE: 12/31/2017

Statement 6 - Form 990-PF, Part II, Line 15 - Other Assets

| Description | В | eginning of Year | End of Year | Fair Market Value | | | |
|-----------------|----|---------------------|--------------------|-------------------|---|--|--|
| DUE FROM OTHERS | \$ | 518 | \$ 518 | \$ | | | |
| TOTAL | \$ | 518 | \$ 518 | \$ | 0 | | |

Statement 7 - Form 990-PF, Part III, Line 5 - Other Decreases

| Description | Amount |
|-------------------|------------|
| OTHER ADJUSTMENTS | \$ 198 |
| TOTAL | \$ 198 |

Statement 8 - Form 990-PF, Part XV, Line 2b - Application Format and Required Contents

Description

APPLICANTS SHOULD SUBMIT A LETTER STATING THE REQUEST AND/OR NEED ALONG WITH A COPY OF THE ORGANIZATION'S 501 (C)(3) LETTER.

Statement 9 - Form 990-PF, Part XV, Line 2c - Submission Deadlines

Description

NO SUBMISSION DEADLINES. THE ORGANIZATION WILL BE NOTIFIED ONLY IF APPLICATION IS GRANTED.

Statement 10 - Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

Description

AWARDS ON UNSOLICITED REQUESTS ARE GEOGRAPHICALLY RESTRICTED TO CHARITABLE ORGANIZATIONS LOCATED IN NORTHEAST GEORGIA WITH EMPHASIS TO ORGANIZTIONS LOCATED IN MADISON, OCONEE, CLARKE, STEPHENS AND FRANKLIN COUNTIES.

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Federal Statements

20-6020552 FYE: 12/31/2017

102358 Terrell Family Foundation

| | Amount | | 1,000 | | 25,000 | | 1,000 | | 12,000 | | 1,000 | | 1,000 | | 000'9 | | 2,000 | | 1,000 | | 1,000 | | 2,000 | | 10,000 | 63,000 |
|---------|---------------------|---------------------|-----------------|-------------------|-----------------|----------------------|-----------------------|-----------------------------------|-------------------------------------|-------------------------------------|-----------------------|---------------|-----------------|-----------------------|-----------------|----------------|--------------------|-------------------|-----------------|----------------|-----------------|---------------------|-----------------|------------------------------|---------------------|--------|
| | Purpose | | OPERATIONS | | EDUCATION | | OPERATING EXPENSES | | BACK TO SCHOOL, SCHOLARSHIPS, OTHER | | OPERATIONS | | OPERATIONS | | GENERAL FUND | | OPERATING EXPENSES | | OPERATIONS | | OPERATIONS | | CHILD EDUCATION | CIRCLE | BOTANICAL KNOWLEDGE | \ |
| Address | Relationship Status | 640 A BARBER STREET | PUBLIC | 1281 SPARTAN LANE | PUBLIC | PO BOX 615 | PUBLIC | PO BOX 37 | PUBLIC | 1265 HWY 98 W | PUBLIC | P.O. BOX 6064 | PUBLIC | P.O. BOX 49219 | PUBLIC | PO BOX 1972 | PUBLIC | 685 NORTH POPE ST | PUBLIC | 920 BAXTER ST. | PUBLIC | 165 PULASKI ST | PUBLIC | 2450 S. MILLEDGE CIF | PUBLIC | |
| | Rela | | NONE | | NONE | | 677 NONE | OF EDUCATION | 633 NONE | CITIZENS CENT | 633 NONE | | NONE | | NONE | | NONE | | NONE | | NONE | | NONE | N OF GA | NONE | |
| Name | Address | ARK | ATHENS GA 30601 | ATHENS ACADEMY | ATHENS GA 30606 | EXTRA SPECIAL PEOPLE | WATKINSVILLE GA 30677 | MADISON COUNTY BOARD OF EDUCATION | DANIELSVILLE GA 30633 | MADISON COUNTY SENIOR CITIZENS CENT | DANIELSVILLE GA 30633 | MERCY HEALTH | ATHENS GA 30606 | OCONEE HILLS CEMETERY | ATHENS GA 30604 | SPARROW'S NEST | ATHENS GA 30603 | ATHENS LAND TRUST | ATHENS GA 30601 | YOUNG LIFE | ATHENS GA 30606 | DOWNTOWN MINISTRIES | ATHENS GA 30601 | STATE BOTANICAL GARDEN OF GA | ATHENS GA 30605 | TOTAL |