## DLN: 93491134037598

2017

OMB No 1545-0052

# **Return of Private Foundation**

Form 990-PF

Department of the Treasury

Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-PF and its instructions is at <a href="www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

Open to Public Inspection

| For                | caler              | ndar year 2017, or tax year                                   | beginning <b>01-01-2</b> 0                | )17 , ar                     | nd ending 12-31-       | 2017  |                               |
|--------------------|--------------------|---|---|------------------------------|------------------------|---|-------------------------------|
|                    |                    | indation  |   |                              | A Employer ıd          | entification numbe                            | r                             |
| IN:                |                    | HOWARD FLOWERS JR FOUNDATION                                  |   |                              | 58-1399036             |   |                               |
|                    | ber and<br>D BOX 6 | street (or P O box number if mail is no                       | ot delivered to street address)           | Room/suite                   | <b>B</b> Telephone nu  | mber (see instruction                         | ns)                           |
|                    |                    |   |   |                              | (229) 225-5454         |   |                               |
|                    |                    | i, state or province, country, and ZIP or<br>LE, GA 317586100 | foreign postal code                       |                              | <b>C</b> If exemption  | application is pendin                         | g, check here                 |
| <b>G</b> Ch        | eck al             | l that apply 🔲 Initial return                                 | $\square$ Initial return of a             | former public charity        | <b>D 1.</b> Foreign or | ganizations, check he                         | ere 🗼 🗍                       |
|                    |                    | ☐ Final return  | $\square$ Amended return                  |                              |                        | ganizations meeting                           |                               |
|                    |                    | Address chan  | ge 🔲 Name change                          |                              | <u> </u>               | k here and attach co                          | · -                           |
| H C                | eck ty             | pe of organization 🗹 Section 5                                | 501(c)(3) exempt private                  | foundation                   |                        | ındatıon status was t<br>n 507(b)(1)(A), chec |                               |
|                    | Section            | n 4947(a)(1) nonexempt charitable                             | e trust 🔲 Other taxabl                    | e private foundation         |                        |   |                               |
|                    |                    | et value of all assets at end                                 | J Accounting method                       | ☑ Cash ☐ Accru               |                        | ation is in a 60-mont                         |                               |
|                    |                    | rom Part II, col (c),<br>\$ 90,506,374                        | Other (specify)  (Part I, column (d) must | be on cash basis )           | under sectio           | n 507(b)(1)(B), chec                          | k here • L                    |
| Pa                 | rt I               | Analysis of Revenue and                                       | Fynenses (The total                       |                              | I                      |   | (d) Disbursements             |
|                    |                    | of amounts in columns (b), (c), and (                         | •   | (a) Revenue and expenses per | (b) Net investment     | (c) Adjusted net                              | for charitable                |
|                    |                    | equal the amounts in column (a) (see                          | e instructions) )                         | books                        | income                 | ıncome  | purposes<br>(cash basis only) |
|                    | 1                  | Contributions, gifts, grants, etc , schedule)                 | received (attach                          | 467,039                      |                        |   |                               |
|                    | 2                  | Check ► ☐ If the foundation is I                              | not required to attach                    |                              |                        |   |                               |
|                    | 3                  | Interest on savings and tempora                               | ry cash investments                       | 12,635                       | 12,635                 |   |                               |
|                    | 4                  | Dividends and interest from secu                              | irities                                   | 2,388,921                    | 2,388,921              |   |                               |
|                    | 5a                 | Gross rents   |   |                              |                        |   |                               |
|                    | b                  | Net rental income or (loss)                                   |   |                              |                        |   |                               |
| Пе                 | 6a                 | Net gain or (loss) from sale of as                            | sets not on line 10                       | 1,443,284                    |                        |   |                               |
| Reverkie           | b                  | Gross sales price for all assets or                           |   |                              |                        |   |                               |
| Re                 | 7                  | Capital gain net income (from Pa                              | 1,950,057<br>rt IV. line 2)               |                              | 1,443,284              |   |                               |
|                    | 8                  | Net short-term capital gain .                                 |   |                              | , ,                    |   |                               |
|                    | 9                  | Income modifications  |   |                              |                        |   |                               |
|                    | 10a                | Gross sales less returns and allow                            | wances                                    |                              |                        |   |                               |
|                    | ь                  | Less Cost of goods sold                                       |   |                              |                        |   |                               |
|                    | С                  | Gross profit or (loss) (attach scho                           | edule)                                    |                              |                        |   |                               |
|                    | 11                 | Other income (attach schedule)                                |   |                              |                        |   |                               |
|                    | 12                 | Total. Add lines 1 through 11                                 |   | 4,311,879                    | 3,844,840              |   |                               |
|                    | 13                 | Compensation of officers, directo                             | rs, trustees, etc                         | 40,122                       | 0                      |   | 40,122                        |
|                    | 14                 | Other employee salaries and wag                               | ges                                       | 19,500                       | 0                      |   | 19,500                        |
| Ş                  | 15                 | Pension plans, employee benefits                              | 5   | 8,288                        | 0                      |   | 8,288                         |
| nse                | 16a                | Legal fees (attach schedule) .                                |   |                              |                        |   |                               |
| Expenses           | ь                  | Accounting fees (attach schedule                              | .)  | <b>9</b> 14,097              | 7,048                  |   | 7,049                         |
|                    | С                  | Other professional fees (attach s                             | chedule)                                  | <b>9</b> 69,990              | 34,995                 |   | 34,995                        |
| and Administrative | 17                 | Interest  |   |                              |                        |   |                               |
| stra               | 18                 | Taxes (attach schedule) (see inst                             | tructions)                                | 43,123                       | 435                    |   | 4,561                         |
| Ē                  | 19                 | Depreciation (attach schedule) a                              | nd depletion                              | 1,166                        | 0                      |   |                               |
| Ē                  | 20                 | Occupancy   |   |                              |                        |   |                               |
| Α                  | 21                 | Travel, conferences, and meeting                              | js  |                              |                        |   |                               |
| an                 | 22                 | Printing and publications                                     |   |                              |                        |   |                               |
|                    | 23                 | Other expenses (attach schedule                               | )   | 9,917                        | 0                      |   | 9,917                         |
| Operating          | 24                 | Total operating and administr                                 | rative expenses.                          |                              |                        |   |                               |
| ber                |                    | Add lines 13 through 23                                       |   | 206,203                      | 42,478                 |   | 124,432                       |
| 0                  | 25                 | Contributions, gifts, grants paid                             |   | 4,142,050                    |                        |   | 4,142,050                     |
|                    | 26                 | <b>Total expenses and disbursen</b> 25                        | nents. Add lines 24 and                   | 4,348,253                    | 42,478                 |   | 4,266,482                     |
|                    | 27                 | Subtract line 26 from line 12                                 |   | , , , , , , ,                |                        |   |                               |
|                    | а                  | Excess of revenue over expen                                  | ses and                                   | -36,374                      |                        |   |                               |
|                    | ь                  | disbursements  Net investment income (if neg                  | jative, enter -0-)                        |                              | 3,802,362              |   |                               |
|                    | c                  | Adjusted net income(if negative                               | •   |                              | , ,                    |   |                               |
| F                  |                    | work Doduction Act Notice see                                 | *   | <u> </u>                     | 0 : 11 11000           | <u> </u>                                      | 000 PE (2017)                 |

|        |     | Less allowance for doubtful accounts ▶                             |            |                        |           |
|--------|-----|--|------------|------------------------|-----------|
|        | 4   | Pledges receivable ▶   |            |                        |           |
|        |     | Less allowance for doubtful accounts ▶                             |            |                        |           |
|        | 5   | Grants receivable  |            |                        |           |
|        | 6   | Receivables due from officers, directors, trustees, and other      |            |                        |           |
|        |     | disqualified persons (attach schedule) (see instructions)          |            |                        |           |
|        | 7   | Other notes and loans receivable (attach schedule) ▶               |            |                        |           |
|        |     | Less allowance for doubtful accounts ▶                             |            |                        |           |
| S      | 8   | Inventories for sale or use  |            |                        |           |
| Assets | 9   | Prepaid expenses and deferred charges                              |            |                        |           |
| As     | 10a | Investments—U S and state government obligations (attach schedule) |            |                        |           |
|        | h   | Investments—corporate stock (attach schedule)                      | 76 324 631 | <b>98-1</b> 73 917 729 | 73 917 72 |

ر**چ**ه

11.479.950

90,506,374

2,315

2,315

90.504.059

90,504,059

90,506,374

2

3

4

5

92,081,217

92,044,843

1,540,784

90,504,059 Form **990-PF** (2017)

-36,374

0

92,081,217

92,081,217

92,081,217

90

11.479.950

90,506,374

## Investments—corporate bonds (attach schedule) Investments—land, buildings, and equipment basis ▶ Less accumulated depreciation (attach schedule) Investments-mortgage loans . Investments—other (attach schedule) 10,397,786 Land, buildings, and equipment basis Less accumulated depreciation (attach schedule) ▶ 9,996 1,256 Other assets (describe > \_ Total assets (to be completed by all filers—see the instructions Also, see page 1, item I) 92,081,217 Accounts payable and accrued expenses .

C 11

12

13

14

15

16

17

18

19

20

21

22

23

24 25

28

29

31 Part III

Liabilities

Balances

Fund 26

ŏ

Assets 27

Net 30

2

3

5

Grants payable. . . . . .

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

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

Foundations that follow SFAS 117, check here ▶

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

Foundations that do not follow SFAS 117, check here ▶

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

Total net assets or fund balances (see instructions) .

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

Retained earnings, accumulated income, endowment, or other funds

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** 

Deferred revenue .

Unrestricted

Temporarily restricted

Permanently restricted .

and complete lines 27 through 31.

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

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3 . . . . . .

Decreases not included in line 2 (itemize) ▶

Other liabilities (describe -

|  | (a)<br>the kınd(s) of property sold (e g , re<br>rehouse, or common stock, 200 shs              | (b) How acquired P—Purchase D—Donation | <b>(c)</b><br>Date acquired<br>(mo , day, yr ) | (d)<br>Date sold<br>(mo , day, yr )                |   |
|--|---|--|--|--|---|
| 1 a TRAVELERS COS INC  |   |  | Р  | 2003-03-07   | 2017-09-06                                |
| <b>b</b> WHEELER REAL ESTATE   |   |  | Р  |  | 2017-09-07                                |
| c LITIGATION PROCEEDS  |   | Р                                      | 2017-04-03                                     | 2017-04-03   |   |
| d CAPITAL GAINS DIVIDE   | NDS   |  | Р  |  |   |
| e  |   |  |  |  |   |
| (e)  | (f)   |  | (g)  |  | h)  |
| Gross sales price  | Depreciation allowed  |  | other basis                                    |  | r (loss)                                  |
| <u> </u>   | (or allowable)  | plus exp                               | ense of sale                                   | (e) plus (f  | ) minus (g)                               |
|  | 68,626  |  | 313,345  |  | 855,281                                   |
|  | 54,302  |  | 193,428  |  | -139,126                                  |
| <u> </u>   | 7   |  |  |  | 7   |
|  | 27,122  |  |  |  | 727,122                                   |
| e  |   |  |  |  |   |
| Complete only for asset  | s showing gain in column (h) and ow   | <del>- i</del>                         |  |  | l)  |
| (i)  | (j)<br>Adjusted basis   |  | <b>(k)</b><br>of col (ı)                       |  | h) gain minus<br>less than -0-) <b>or</b> |
| F M V as of 12/31/69   | as of 12/31/69  |  | l (j), if any                                  |  | om col (h))                               |
| a  | 43 31 12/31/33  | 3721 331                               | ())) !! (!!)                                   | `  | 855,281                                   |
| b  |   |  |  |  | -139,126                                  |
| С  |   |  |  |  | 7   |
| d  |   |  |  |  | 727,122                                   |
| e  |   |  |  |  | , _ , ,                                   |
| •  | gain or (loss) f gain or (loss) as defined in sections art I, line 8, column (c) (see instructi | ` , ` , ,                              | , ,  | 3  | 1,443,284                                 |
|  | Under Section 4940(e) for Reprivate foundations subject to the section                          |  |  |  |   |
| If section 4940(d)(2) applies,                                       | eave this part blank  |  |  | ,<br>  |   |
| If "Yes," the foundation does n                                      | he section 4942 tax on the distributa<br>not qualify under section 4940(e) Do                   | not complete this part                 |  |  | es 🗹 No                                   |
|  | mount in each column for each year,   | see instructions before                | making any entries                             |  |   |
| (a)<br>Base period years Calendar<br>year (or tax year beginning in) | <b>(b)</b><br>Adjusted qualifying distributions   | (c)<br>Net value of noncharitab        | lle-use assets                                 | ( <b>d)</b> Distribution rat (col (b) divided by c |   |
| 2016   | 5,270,672   |  | 84,069,982                                     |  | 0 062694                                  |
| 2015   | 4,589,525   |  | 101,717,153                                    |  | 0 045120                                  |
| 2014   | 4,950,030   |  | 94,279,741                                     |  | 0 052504                                  |
| 2013   | 3,719,804   |  | 97,517,768                                     |  | 0 038145                                  |
| 2012   | 3,540,345   |  | 69,055,502                                     |  | 0 051268                                  |
| 2 Total of line 1, column  | (d)   |  | 2  |  | 0 249731                                  |
|  | o for the 5-year base period—divide   |  |  |  |   |
|  | ndation has been in existence if less   |  |  |  | 0 049946                                  |
|  | oncharitable-use assets for 2017 from   | ,                                      | 4  |  | 88,289,436                                |
| 5 Multiply line 4 by line 3  | (40/ 50 474 271)  |  | 5  |  | 4,409,704                                 |
|  | nent income (1% of Part I, line 27b)  |  | 6  |  | 38,024                                    |
|  |   |  | 7  |  | 4,447,728                                 |
|  | tions from Part XII, line 4 , . .<br>reater than line 7, check the box in Pa                    |  | <u>8</u><br>oplete that part usin              | <br>g a 1% tax rate Se                             | 4,266,482<br>e the Part VI                |
|  |   |  |  |  |   |

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

7b

|           | , , , , , , , , , , , , , , , , , , ,  |
|-----------|--|
|           | <br>Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, |
| Dowt VIII | information About Officers, Directors, Trustees, Touridation Managers, Thyling Faid Employees,   |
| Part VIII | and Contractors  |

| 1 List all officers, directors, trustee                           | es. f    | oundation managers an                                     | d their compensation                      | (see instructions).   |                                       |
|---|----------|---|---|---|---------------------------------------|
| (a) Name and address  |          | Title, and average hours per week  b) devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | Expense account, (e) other allowances |
| DAPHNE F WOOD   | PRES     | SIDENT  | 0   | 0   | (                                     |
| 676 LIVE OAK LANE   | 0 00     |   | J   | C   | •                                     |
| MONTICELLO, FL 31626  |          |   |   |   |                                       |
| TALIAFERRO F CROZER   |          | PRESIDENT   | 0   | 0   | C                                     |
| 2970 FOXGLOVE ROAD  | 0 00     |   |   |   |                                       |
| WILSON, WY 83014  | TDE      | ACLIDED   | 0   |   |                                       |
| MAURY FLOWERS SHIELDS 210 EL BRILLO WAY                           | 0 00     | ASURER  | 0   | 0   | ·                                     |
| PALM BEACH, FL 33480  |          |   |   |   |                                       |
| KAYE REYNOLDS   |          | RETARY  | 40,122                                    | 3,976   | C                                     |
| PO BOX 6100   | 40 0     | 0   | ·   |   |                                       |
| THOMASVILLE, GA 31757   | <u> </u> |   |   |   | . WEIGHT !!                           |
| 2 Compensation of five highest-pa                                 | ıa er    | nployees (other than tr                                   | ose included on line 1                    |   | ne, enter "NONE."                     |
| (a)<br>Name and address of each employee pa<br>more than \$50,000 | aid      | Title, and average hours per week (b) devoted to position | (c) Compensation                          | Contributions to employee benefit plans and deferred (d) compensation | Expense account, (e) other allowances |
| NONE  |          |   |   |   |                                       |
|   |          | 1   |   |   |                                       |
|   |          |   |   |   |                                       |
|   |          | 1   |   |   |                                       |
|   |          |   |   |   |                                       |
|   |          | +   |   |   |                                       |
|   |          |   |   |   |                                       |
|   |          | 4   |   |   |                                       |
|   |          |   |   |   |                                       |
|   |          | 4   |   |   |                                       |
|   |          |   |   |   |                                       |
| <b>Total</b> number of other employees paid ov                    |          |   |   |   | 0                                     |
| 3 Five highest-paid independent co                                |          |   | services (see instruction                 | ons). If none, enter "NON   | E".                                   |
| (a) Name and address of each persor                               | n pai    | d more than \$50,000                                      | 1 1 1                                     | e of service  | (c) Compensation                      |
| FIRST CLEARING LLC  |          |   | INVESTMENT MANAGEM                        | IENT  | 69,990                                |
| 2801 MARKET STREET  |          |   |   |   |                                       |
| SAINT LOUIS, MO 63103   |          |   |   |   |                                       |
|   |          |   | 1   |   |                                       |
|   |          |   |   |   |                                       |
|   |          |   | <br>                                      |   |                                       |
|   |          |   |   |   |                                       |
|   |          |   |   |   |                                       |
|   |          |   |   |   |                                       |
|   |          |   |   |   |                                       |
|   |          |   |   |   |                                       |
| Total number of others receiving over \$50                        | 0,000    | ) for professional services.                              |   |   | C                                     |
| Part IX-A Summary of Direct (                                     | Chai     | ritable Activities  |   |   |                                       |
| List the foundation's four largest direct charitable              | activ    | rities during the tax year Incli                          | ıde relevant statıstıcal ınform           | nation such as the number of  | Evnences                              |
| organizations and other beneficiaries served, con                 | feren    | ces convened, research papers                             | s produced, etc                           |   | Expenses                              |
| 1   |          |   |   |   |                                       |
|   |          |   |   |   |                                       |
|   |          |   |   |   |                                       |
| 2   |          |   |   |   |                                       |
|   |          |   |   |   |                                       |
|   |          |   |   |   |                                       |
| 3   |          |   |   |   |                                       |
|   |          |   |   |   |                                       |
| -   |          |   |   |   |                                       |
| 4   |          |   |   |   |                                       |
|   |          |   |   |   |                                       |
|   |          |   |   |   |                                       |
| Dart IV-B   | <u> </u> | olated Taylortananta                                      | (coo instructions)                        |   |                                       |
| Part IX-B Summary of Program                                      |          |   | <u> </u>                                  | 12  | A                                     |
| Describe the two largest program-related inve                     | estme    | ents made by the foundation d                             | uring the tax year on lines 1             | and 2   | Amount                                |
| 1   |          |   |   |   |                                       |
|   |          |   |   |   |                                       |
|   |          |   |   |   |                                       |
| 2   |          |   |   |   |                                       |
| -   |          |   |   |   |                                       |
|   |          |   |   |   |                                       |
| All other program-related investments                             | See      | instructions  |   |   |                                       |
| 3   |          |   |   |   |                                       |
|   |          |   |   |   |                                       |
|   |          |   |   |   |                                       |
| Total. Add lines 1 through 3 .                                    |          |   |   |   |                                       |
|   |          |   |   |   | Form <b>QQ0-DF</b> (2017)             |

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

3a 3h

4

5

4,266,482

4.266.482

4,266,482

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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).

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

2

3

4

5

**b** Total for prior years

From 2012. . . . **b** From 2013. . . c From 2014. . d From 2015. .

e From 2016. . . . .

4,266,482

67,617

4,326

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Page 9

| Form 990-PF (2017) |                         |  |  |  |  |  |  |  |
|--------------------|-------------------------|--|--|--|--|--|--|--|
| Part XIII          | Undistributed Income (s |  |  |  |  |  |  |  |
|                    |                         |  |  |  |  |  |  |  |

Excess distributions carryover, if any, to 2017

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

4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ a Applied to 2016, 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 2017 distributable amount. . . e Remaining amount distributed out of corpus

**5** Excess distributions carryover applied to 2017

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 e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see f Undistributed income for 2017 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 2018 . . . . . 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 2012 not

9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a . . .

10 Analysis of line 9 a Excess from 2013. b Excess from 2014. . c Excess from 2015. . d Excess from 2016. . e Excess from 2017. .

applied on line 5 or line 7 (see instructions) . . .

indicated below:

| = (20 | 017)                              |         |             |
|-------|-----------------------------------|---------|-------------|
|       | Undistributed Income (see instruc | ctions) |             |
|       |                                   |         | <b>/</b> ~\ |

67,617

| Part XIII    | Undistributed Income (see instruc | ctions)       |                            |             |  |
|--------------|-----------------------------------|---------------|----------------------------|-------------|--|
|              |                                   | (a)<br>Corpus | (b)<br>Years prior to 2016 | (c)<br>2016 |  |
| Destruite de | I VI I 7                          |               |                            |             |  |

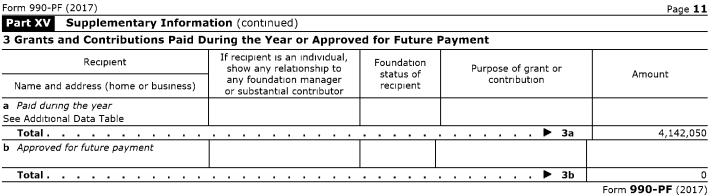
|   |   | (a)<br>Corpus | (b)<br>Years prior to 2016 | <b>(c)</b><br>2016 | <b>(d)</b><br>2017 |
|---|---|---------------|----------------------------|--------------------|--------------------|
| 1 | Distributable amount for 2017 from Part XI, line 7  |               |                            |                    | 4,338,425          |
| 2 | Undistributed income, if any, as of the end of 2017 |               |                            |                    |                    |

| 1 | Distributable amount for 2017 from Part XI, line 7  |  |   | 4,338,42 |
|---|---|--|---|----------|
| 2 | Undistributed income, if any, as of the end of 2017 |  |   |          |
| а | Enter amount for 2016 only.                         |  | 0 |          |

67.617

67,617

0



| Enter gross amounts unless otherwise indicated |   | Unrelated business income                  |                      | Excluded by section              | (e) Related or exem  |                                      |
|--|---|--|----------------------|----------------------------------|----------------------|--------------------------------------|
| Program service revenue  a                     |   | (a)<br>Business code                       | <b>(b)</b><br>Amount | (c)<br>Exclusion code            | <b>(d)</b><br>Amount | function income<br>(See instructions |
|  |   |  |                      |                                  |                      |                                      |
|  |   |  |                      |                                  |                      |                                      |
|  |   |  |                      |                                  |                      |                                      |
|  |   |  |                      |                                  |                      |                                      |
|  |   |  |                      |                                  |                      |                                      |
|  | and contracts from government agencies  |  |                      |                                  |                      |                                      |
|  | rship dues and assessments st on savings and temporary cash   |  |                      |                                  |                      |                                      |
|  | ments   |  |                      | 14                               | 12,635               |                                      |
|  | ds and interest from securities   |  |                      | 14                               | 2,388,921            |                                      |
|  | tal income or (loss) from real estate   |  |                      |                                  |                      |                                      |
|  | financed property ebt-financed property   |  |                      |                                  |                      |                                      |
|  | ntal income or (loss) from personal property  |  |                      |                                  |                      |                                      |
|  | nvestment income  |  |                      |                                  |                      |                                      |
| Gain o   | r (loss) from sales of assets other than  |  |                      |                                  |                      |                                      |
|  | ory   |  |                      | 18                               | 1,443,284            |                                      |
|  | ome or (loss) from special events<br>profit or (loss) from sales of inventory   |  |                      |                                  |                      |                                      |
|  | evenue <b>a</b>   |  |                      |                                  |                      |                                      |
|  | evenue <u>u</u>   |  |                      |                                  |                      |                                      |
|  |   |  |                      |                                  |                      |                                      |
|  |   |  |                      |                                  |                      |                                      |
|  |   |  |                      |                                  |                      |                                      |
| d<br>e   |   |  |                      |                                  |                      |                                      |
| d<br>e   |   |  | 0                    | 13                               | 3,844,840            |                                      |
| d<br>e<br>Subtota<br>Total. /<br>(See wo       | Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  Orksheet in line 13 instructions to verify calcul  | lations )                                  |                      |                                  | 3,844,840            |                                      |
| d<br>e<br>Subtota<br>Total. /<br>(See wo       | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calculated  B Relationship of Activities to the Explain below how each activity for which  | lations ) e Accomplishr income is reported | ment of Exemp        | pt Purposes Part XVI-A contribut | ted importantly to   | 3,844,8                              |
| d<br>e<br>Subtota<br>Total. /<br>(See wo       | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calculated.  Relationship of Activities to th  | lations ) e Accomplishr income is reported | ment of Exemp        | pt Purposes Part XVI-A contribut | ted importantly to   | 3,844,8                              |
| d<br>Subtota<br>Total. /<br>(See wo<br>rt XVI  | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calculated and the second of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain and the foundation's explain | lations ) e Accomplishr income is reported | ment of Exemp        | pt Purposes Part XVI-A contribut | ted importantly to   | 3,844,8                              |
| d<br>Subtota<br>Total. /<br>(See wo            | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calculated and the second of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain and the foundation's explain | lations ) e Accomplishr income is reported | ment of Exemp        | pt Purposes Part XVI-A contribut | ted importantly to   | 3,844,8                              |
| d<br>Subtota<br>Total. /<br>(See wo<br>rt XVI  | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calculated and the second of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain and the foundation's explain | lations ) e Accomplishr income is reported | ment of Exemp        | pt Purposes Part XVI-A contribut | ted importantly to   | 3,844,8                              |
| d<br>Subtota<br>Total. /<br>(See wo<br>rt XVI  | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calculated and the second of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain and the foundation's explain | lations ) e Accomplishr income is reported | ment of Exemp        | pt Purposes Part XVI-A contribut | ted importantly to   | 3,844,8                              |
| Subtota Total. / (See wo                       | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calculated and the second of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain and the foundation's explain | lations ) e Accomplishr income is reported | ment of Exemp        | pt Purposes Part XVI-A contribut | ted importantly to   | 3,844,8                              |
| d<br>Subtota<br>Total. /<br>(See wo<br>rt XVI  | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calculated and the second of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain and the foundation's explain | lations ) e Accomplishr income is reported | ment of Exemp        | pt Purposes Part XVI-A contribut | ted importantly to   | 3,844,8                              |
| Subtota Total. / (See wo rt XVI                | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calculated and the second of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain and the foundation's explain | lations ) e Accomplishr income is reported | ment of Exemp        | pt Purposes Part XVI-A contribut | ted importantly to   | 3,844,8                              |
| d<br>Subtota<br>Total. /<br>(See wo            | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calculated and the second of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain and the foundation's explain | lations ) e Accomplishr income is reported | ment of Exemp        | pt Purposes Part XVI-A contribut | ted importantly to   | 3,844,8                              |
| Subtota Total. / (See wo rt XVI                | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calculated and the second of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain and the foundation's explain | lations ) e Accomplishr income is reported | ment of Exemp        | pt Purposes Part XVI-A contribut | ted importantly to   | 3,844,8                              |
| d<br>Subtota<br>Total. /<br>(See wo<br>rt XVI  | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calculated and the second of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain and the foundation's explain | lations ) e Accomplishr income is reported | ment of Exemp        | pt Purposes Part XVI-A contribut | ted importantly to   | 3,844,8                              |
| d<br>Subtota<br>Total. /<br>(See wo<br>rt XVI  | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calculated and the second of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain and the foundation's explain | lations ) e Accomplishr income is reported | ment of Exemp        | pt Purposes Part XVI-A contribut | ted importantly to   | 3,844,8                              |
| d<br>Subtota<br>Total. /<br>(See wo            | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calculated and the second of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain and the foundation's explain | lations ) e Accomplishr income is reported | ment of Exemp        | pt Purposes Part XVI-A contribut | ted importantly to   | 3,844,8                              |
| d<br>Subtota<br>Total. /<br>(See wo            | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calculated and the second of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain and the foundation's explain | lations ) e Accomplishr income is reported | ment of Exemp        | pt Purposes Part XVI-A contribut | ted importantly to   | 3,844,8                              |
| e<br>Subtota<br>Total. /<br>(See wo            | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calculated and the second of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain and the foundation's explain | lations ) e Accomplishr income is reported | ment of Exemp        | pt Purposes Part XVI-A contribut | ted importantly to   | 3,844,8                              |
| d<br>Subtota<br>Total. /<br>(See wo            | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calculated and the second of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain and the foundation's explain | lations ) e Accomplishr income is reported | ment of Exemp        | pt Purposes Part XVI-A contribut | ted importantly to   | 3,844,8                              |
| d<br>Subtota<br>Total. /<br>(See wo            | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calculated and the second of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain and the foundation's explain | lations ) e Accomplishr income is reported | ment of Exemp        | pt Purposes Part XVI-A contribut | ted importantly to   | 3,844,8                              |
| d<br>Subtota<br>Total. /<br>(See wo            | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calculated and the second of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain and the foundation's explain | lations ) e Accomplishr income is reported | ment of Exemp        | pt Purposes Part XVI-A contribut | ted importantly to   | 3,844,8                              |
| e<br>Subtota<br>Total. /<br>(See wo            | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calculated and the second of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain and the foundation's explain | lations ) e Accomplishr income is reported | ment of Exemp        | pt Purposes Part XVI-A contribut | ted importantly to   | 3,844,8                              |
| e<br>Subtota<br>Total. /<br>(See wo            | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calculated and the second of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain and the foundation's explain | lations ) e Accomplishr income is reported | ment of Exemp        | pt Purposes Part XVI-A contribut | ted importantly to   | 3,844,8                              |
| e<br>Subtota<br>Total. /<br>(See wo            | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calculated and the second of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain and the foundation's explain | lations ) e Accomplishr income is reported | ment of Exemp        | pt Purposes Part XVI-A contribut | ted importantly to   | 3,844,8                              |

| orm 9        | 90-PF (  | 2017)  |                        |                   |                    |             |   |              | Pa     | ge <b>13</b> |
|--------------|----------|--|------------------------|-------------------|--------------------|-------------|---|--------------|--------|--------------|
| Part         | XVII     | Information Re<br>Exempt Organi  |                        | ransfers To a     | ınd Transacti      | ons and     | Relationships With Noncha   | ritable      |        |              |
|              |          |  |                        |                   |                    |             | rganization described in section 50<br>political organizations?   | 1            | Yes    | No           |
| <b>a</b> Tra | nsfers f | rom the reporting foun   | dation to a n          | oncharitable exe  | empt organizatio   | n of        |   |              |        |              |
| (1)          | Cash.    |  |                        |                   |                    |             |   | 1a(1)        |        | No           |
| (2)          | Other    | assets   |                        |                   |                    |             |   | 1a(2)        |        | No           |
| <b>b</b> Oth | er tran  | sactions   |                        |                   |                    |             |   |              |        |              |
| (1)          | Sales    | of assets to a nonchar   | itable exemp           | t organization.   |                    |             |   | 1b(1)        |        | No           |
| (2)          | Purch    | ases of assets from a n  | oncharitable           | exempt organiz    | ation              |             |   | 1b(2)        |        | No           |
| (3)          | Renta    | il of facilities, equipmer   | nt, or other a         | ssets             |                    |             |   | 1b(3)        |        | No           |
| (4)          | Reiml    | oursement arrangemen   | ts                     |                   |                    |             |   | 1b(4)        |        | No           |
|              |          | or loan guarantees.  |                        |                   |                    |             |   | 1b(5)        |        | No           |
| (6)          | Perfor   | mance of services or m   | embership o            | r fundraising sol | icitations         |             |   | 1b(6)        |        | No           |
|              | -        |  | -                      | •                 |                    |             |   | 1c           |        | No           |
|              | iny tran |  | ngement, sh            |                   | l) the value of th | e goods, of | on received less than fair market vither assets, or services received ecription of transfers, transactions, and secretary |              | ngemen | nts          |
|              |          |  |                        |                   |                    |             |   |              |        |              |
|              |          |  |                        |                   |                    |             |   |              |        |              |
|              |          |  |                        |                   |                    |             |   |              |        |              |
|              |          |  |                        |                   |                    |             |   |              |        |              |
|              |          |  |                        |                   |                    |             |   |              |        |              |
|              |          |  |                        |                   |                    |             |   |              |        |              |
|              |          |  |                        |                   |                    |             |   |              |        |              |
|              |          |  |                        |                   |                    |             |   |              |        |              |
|              |          |  |                        |                   |                    |             |   |              |        |              |
|              |          |  |                        |                   |                    |             |   |              |        |              |
|              |          |  |                        |                   |                    |             |   |              |        |              |
|              |          |  |                        |                   |                    |             |   |              |        |              |
|              |          |  |                        |                   |                    |             |   |              |        |              |
|              |          |  |                        |                   |                    |             |   |              |        |              |
|              |          |  |                        |                   |                    |             |   |              |        |              |
| des          | cribed   | idation directly or indire<br>in section 501(c) of the<br>omplete the following so<br>(a) Name of organization | Code (other<br>chedule | than section 50   |                    | ction 527?  |   | Yes          | ✓      | No           |
|              |          |  |                        |                   |                    |             |   |              |        |              |
|              |          |  |                        |                   |                    |             |   |              |        |              |
|              |          |  |                        |                   |                    |             |   |              |        |              |
|              |          |  |                        |                   |                    |             |   |              |        |              |
|              | of m     |  | , it is true, co       |                   |                    |             | I<br>companying schedules and statem<br>er (other than taxpayer) is based   |              |        |              |
| Sign<br>Here | ,<br>-   | *****  |                        |                   | 2018-05-07         | <u> </u>    | ret wit bel   | n the prepa  |        |              |
|              |          | Signature of officer or ti   | rustee                 |                   | Date               | , T         | Title (se   | e ınstr )? [ | ✓ Yes  | □No          |
|              |          | Print/Type preparer's  | name                   | Preparer's Sigr   | ature              | Date        | Check if self-  | P00105       | 5178   |              |
|              |          |  |                        |                   |                    |             |   |              |        |              |

Paid **Preparer** 

Firm's name ► LANIGAN & ASSOCIATES P C **Use Only** Firm's address ▶ 314 GORDON AVENUE

FRANK MERCER

THOMASVILLE, GA 31792

Firm's EIN ▶58-1304721

employed ▶ 🗌

Phone no (229) 226-8320

| 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<br>status of | Purpose of grant or contribution | Amount |  |
| Name and address (home or business)  | any foundation manager<br>or substantial contributor    | recipient               |                                  |        |  |
| a Paid during the year   |   |                         |                                  |        |  |
| 1000 FRIENDS OF FLORIDA<br>PO BOX 5948<br>TALLAHASSEE, FL 32314  | N/A   | PUBLIC<br>CHARITY       | OPERATING EXPENSES               | 1,000  |  |
| ALAQUA ANIMAL REFUGE<br>914 WHITEFIELD ROAD<br>FREEPORT, FL 32439  | N/A   | PUBLIC<br>CHARITY       | OPERATING EXPENSES               | 1,000  |  |
| ALBANY AREA QUAIL PROGRAM<br>13093 HENRY BEADEL DR<br>TALLAHASSEE, FL 32312                              | N/A   | PUBLIC<br>CHARITY       | OPERATING EXPENSES               | 1,000  |  |
| ALL SAINTS EPISCOPAL CHURCH<br>PO BOX 2626<br>THOMASVILLE, GA 31799                                      | N/A   | CHURCH                  | OPERATING EXPENSES               | 72,500 |  |
|  | 1   |                         |                                  |        |  |

| 13093 HENRY BEADEL DR<br>TALLAHASSEE, FL 32312                      |     | CHARITY | OF ENATING EXPENSES |  |
|---|-----|---------|---------------------|--|
| ALL SAINTS EPISCOPAL CHURCH<br>PO BOX 2626<br>THOMASVILLE, GA 31799 | N/A | CHURCH  | OPERATING EXPENSES  |  |
| AMERICAN ERIENDS OF THE BROOKE                                      | N/A | DUBLIC  | ODERATING EXPENSES  |  |

LANRLIC

1,000 4089 IRON WORKS PKWY CHARITY

LEXINGTON, KY 40511

4,142,050

Total . .

### 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 contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year AMERICAN LIVER FOUNDATION N/A PUBLIC OPERATING EXPENSES 1,000

| 221 GAMBLE RD<br>MONTICELLO, FL 32344         |     | CHARITY           |                    |
|---|-----|-------------------|--------------------|
| ANGEL TREEPO BOX 1550<br>MERRIFIELD, VA 22116 | N/A | PUBLIC<br>CHARITY | OPERATING EXPENSES |
|   |     |                   |                    |

3a

| MERRIFIELD, VA 22116  | N/A | CHARITY           | OPERATING EXPENSES | 190,000 |
|---|-----|-------------------|--------------------|---------|
| APALACHICOLA RIVERKEEPERS<br>BOX 8 232 B WATER STREET<br>APALACHICOLA, FL 32320 | N/A | PUBLIC<br>CHARITY | OPERATING EXPENSES | 1,000   |
| ARCHBOLD FOUNDATION INC   | N/A | PUBLIC            | SCHOLARSHIP FUND   | 75,000  |

| APALACHICOLA, FL 32320   |     |                     |                    |        |
|--|-----|---------------------|--------------------|--------|
| ARCHBOLD FOUNDATION INC<br>P O BOX 1018<br>THOMASVILLE, GA 31799 | N/A | PUBLIC<br>CHARITIES | SCHOLARSHIP FUND   | 75,000 |
| AUCILLA CHRISTIAN SCHOOL   | N/A | EDUCATIONAL         | OPERATING EXPENSES | 20,000 |

| THOMASVILLE, GA 31799  |     | 0                   |                    |        |
|--|-----|---------------------|--------------------|--------|
| AUCILLA CHRISTIAN SCHOOL<br>7803 AUCILLA HWY<br>MONTICELLO, FL 32344 | N/A | EDUCATIONAL<br>INST | OPERATING EXPENSES | 20,000 |

| AUCILLA CHRISTIAN SCHOOL<br>7803 AUCILLA HWY<br>MONTICELLO, FL 32344 | N/A | EDUCATIONAL INST | OPERATING EXPENSES | 20,0      |
|--|-----|------------------|--------------------|-----------|
| Total  |     |                  |                    | 4,142,050 |

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 AZALFA CITY PRISON MINISTRY INC. N/A PUBLIC OPERATING EXPENSES 15,000 7566 HWY 84 W CHARITY QUITMAN, GA 31643 BELMONT CHILD CARE ASSC INC N/A 10,000 PUBLIC OPERATING EXPENSES 2150 HEMPSTEAD TURNPIKE CHARITY

PUBLIC

PUBLIC

**PUBLIC** 

CHARITY

CHARITY

CHARITY

OPERATING EXPENSES

OPERATING EXPENSES

OPERATING EXPENSES

5,000

5,000

500

4,142,050

ELMONT, NY 11003

CAIRO, GA 39827

1330 BOLD SPRINGS RD

TALLAHASSEE, FL 32308

2106 MERIDIAN ROAD

Total . . . .

3a

BIRDSONG NATURE CENTER

THOMASVILLE, GA 31792

BEST FRIENDS DOG RESCUE INC.

BIG BEND HOSPICE205 N MULBERRY ST

N/A

N/A

N/A

| 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<br>status of | Purpose of grant or contribution | Amount |  |
| Name and address (home or business)  | any foundation manager<br>or substantial contributor    | recipient               |                                  |        |  |
| a Paid during the year   |   |                         |                                  |        |  |
| BISHOP HALL<br>220 NORTH PINETREE BLVD<br>THOMASVILLE, GA 31792  | N/A   | PUBLIC<br>CHARITY       | OPERATING EXPENSES               | 30,000 |  |
| BOONE AND CROCKET<br>250 STATION DRIVE<br>MISSOULA, MT 59801   | N/A   | PUBLIC<br>CHARITY       | OPERATING EXPENSES               | 20,000 |  |
| BOSTON CARNEGIE LIBRARY<br>PO BOX 310<br>BOSTON, GA 31626  | N/A   | PUBLIC<br>CHARITY       | OPERATING EXPENSES               | 5,000  |  |
| BOSTON PARKS SUMMER OUTREACH<br>PROGRAM<br>PO BOX 370<br>BOSTON, GA 31626                                | N/A   | PUBLIC<br>CHARITY       | OPERATING EXPENSES               | 10,000 |  |
| BOYS & GIRLS CLUB OF BROOKS<br>COUNTY<br>PO BOX 682  | N/A   | PUBLIC<br>CHARITY       | OPERATING EXPENSES               | 5,000  |  |

| BOSTON PARKS SUMMER OUTREACH<br>PROGRAM<br>PO BOX 370<br>BOSTON, GA 31626 | N/A | PUBLIC<br>CHARITY | OPERATING EXPENSES | 10,000 |
|---|-----|-------------------|--------------------|--------|
| BOYS & GIRLS CLUB OF BROOKS<br>COUNTY<br>PO BOX 682<br>VALDOSTA GA 31603  | N/A | PUBLIC<br>CHARITY | OPERATING EXPENSES | 5,000  |

Total . За

4,142,050

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 contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year BOYS CLUB OF NEW YORK N/A **PUBLIC** OPERATING EXPENSES 25,000 287 EAST 10TH STREET CHARITY NEW YORK, NY 10009 520,000

| BROOKWOOD SCHOOL<br>301 CARDINAL RIDGE ROAD<br>THOMASVILLE, GA 31792 | N/A | EDUCATIONAL<br>INST | DEFRAY OPERATING EXPENSES | 5. |
|--|-----|---------------------|---------------------------|----|
| THOMASVILLE, GA 31/92  |     |                     |                           |    |
| CAMP ARROWPO BOX 647   | N/A | PUBLIC              | OPERATING EXPENSES        |    |

| CAMP ARROWPO BOX 647<br>THOMASVILLE, GA 31799 | N/A | PUBLIC<br>CHARITY | OPERATING EXPENSES |  |
|---|-----|-------------------|--------------------|--|
| CAMP MERRIE-WOODE<br>100 MERRIE-WOODE RD      | N/A | PUBLIC<br>CHARITY | OPERATING EXPENSES |  |

Total . 3a

| CAMP MERRIE-WOODE<br>100 MERRIE-WOODE RD | N/A | PUBLIC<br>CHARITY | OPERATING EXPENSES | 5,000  |
|--|-----|-------------------|--------------------|--------|
| SAPPHIRE, NC 28774                       |     |                   |                    |        |
| CAMP SUNSHINE                            | N/A | PUBLIC            | OPERATING EXPENSES | 15,000 |

| SAPPHIRE, NC 28//4  |     |                   |                    |        |
|---|-----|-------------------|--------------------|--------|
| CAMP SUNSHINE<br>1850 CLAIRMONT ROAD<br>DECATUR, GA 30033 | N/A | PUBLIC<br>CHARITY | OPERATING EXPENSES | 15,000 |

15,000

4,142,050

| •   |     |                   |                    | 1  |
|---|-----|-------------------|--------------------|----|
| CAMP SUNSHINE<br>1850 CLAIRMONT ROAD<br>DECATUR, GA 30033 | N/A | PUBLIC<br>CHARITY | OPERATING EXPENSES | 15 |
|   |     |                   |                    |    |

| Recipient   | If recipient is an individual,   | Foundation             | Purpose of grant or | Amount |
|---|--|------------------------|---------------------|--------|
| Name and address (home or business)   | show any relationship to<br>any foundation manager<br>or substantial contributor | status of<br>recipient | contribution        |        |
| a Paid during the year  |  |                        |                     |        |
| CAMPUS CRUSADE FOR CHRIST - JESUS<br>FILM PROJECT<br>PO BOX 628222<br>ORLANDO, FL 32862 | N/A  | CHURCH                 | OPERATING EXPENSES  | 20,000 |
| CAMPUS CRUSADE<br>100 LAKE HART DRIVE 3600<br>ORLANDO, FL 32832                         | N/A  | CHURCH                 | OPERATING EXPENSES  | 80,000 |
| CASA KIDS PROGRAMP O BOX 1034<br>THOMASVILLE, GA 31799                                  | N/A  | PUBLIC<br>CHARITY      | OPERATING EXPENSES  | 20,500 |
| CASHIERS -GLENVILLE VOLUNTEER<br>FIRE DEPT<br>P O BOX 1978<br>CASHIERS, NC 28717        | N/A  | PUBLIC<br>CHARITY      | OPERATING EXPENSES  | 2,500  |
| CASHIERS AREA HUMANE SOCIETY<br>P O BOX 638<br>CASHIERS, NC 28717                       | N/A  | PUBLIC<br>CHARITY      | OPERATING EXPENSES  | 2,500  |

| 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 | Foundation<br>status of | Purpose of grant or contribution | Amount |
| Name and address (home or business)   | any foundation manager<br>or substantial contributor    | recipient               |                                  |        |
| a Paid during the year  |   |                         |                                  |        |
| CHARLOTTESVILLE AREA COMMUNITY<br>FOUNDATION<br>PO BOX 1767<br>CHARLOTTESVILLE, VA 22902                                      | N/A   | FOUNDATION              | OPERATING EXPENSES               | 2,500  |
| CHURCH OF JESUS CHRIST OF LATTER<br>DAY SAINTS<br>103 ANDEE WAY<br>THOMASVILLE, GA 31757                                      | N/A   | CHURCH                  | OPERATING EXPENSES               | 10,000 |
| CIVIL WAR PRESERVATION TRUST<br>1156 15TH STREET NW SUITE 900<br>WASHINGTON, DC 20005   | N/A   | PUBLIC<br>CHARITY       | OPERATING EXPENSES               | 10,000 |
| COMMUNITY FOUNDATION OF JACKSON<br>HOLE<br>PO BOX 574<br>JACKSON, WY 83001  | N/A   | PUBLIC<br>CHARITY       | OPERATING EXPENSES               | 10,000 |
| CONGRESSIONAL SPORTSMEN'S<br>FOUNDATION - FLORIDA STATE<br>RESOURCE FUND<br>110 NORTH CAROLINE AVE SE<br>WASHINGTON, DC 20003 | N/A   | FOUNDATION              | OPERATING EXPENSES               | 5,000  |

Total .

| Form 990PF Part XV Line 3 - Gran  | İ   | <del></del>          | i                                | <b>,</b> |
|---|---|----------------------|----------------------------------|----------|
| 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<br>or substantial contributor    | recipient            |                                  |          |
| a Paid during the year  |   |                      |                                  |          |
| DANCING CLOUD RESCUEP O BOX 6<br>OCHLOCKNEE, GA 31773   | N/A   | PUBLIC<br>CHARITY    | OPERATING EXPENSES               | 10,000   |
| DPR LLC13093 HENRY BEADEL DR<br>TALLAHASSEE, FL 32312   | N/A   | PUBLIC<br>CHARITY    | OPERATING EXPENSES               | 100,000  |
| EBENEZER METHODIST CHURCH<br>3905 REICHERTVILLE RD<br>BOSTON, GA 31626                            | N/A   | CHURCH               | OPERATING EXPENSES               | 1,000    |
| ELIZABETH MISSIONARY BAPTIST<br>CHURCH<br>669 GROOVER ROAD<br>MONTICELLO, FL 32344                | N/A   | CHURCH               | OPERATING EXPENSES               | 1,000    |
| EQUESTRIAN LAND CONSERVATION<br>RESOURCE<br>4037 IRON WORKS PIKE SUITE 120<br>LEXINGTON, KY 40511 | N/A   | PUBLIC<br>CHARITY    | OPERATING EXPENSES               | 40,000   |

Total . . . 3a

| 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<br>status of | Purpose of grant or contribution | Amount  |
| Name and address (home or business)  | any foundation manager<br>or substantial contributor    | recipient               |                                  |         |
| a Paid during the year   |   |                         |                                  |         |
| FAVOR CHRISTIAN ACADEMY<br>PO BOX 1096<br>THOMASVILLE, GA 31799  | N/A   | EDUCATIONAL<br>INST     | OPERATING EXPENSES               | 25,000  |
| FELLOWSHIP OF CHRISTIAN ATHLETES<br>PO BOX 466<br>THOMASVILLE, GA 31799                                  | N/A   | PUBLIC<br>CHARITY       | OPERATING EXPENSES               | 25,000  |
| FIRST PENTECOSTAL CHURCH OF<br>DENHAM SPRINGS<br>1020 S RANGE AVE<br>DENHAM SPRINGS, LA 70726            | N/A   | CHURCH                  | OPERATING EXPENSES               | 100,000 |
| FISH & WILDLIFE FOUNDATION<br>PO BOX 11010<br>TALLAHASSEE, FL 32302                                      | N/A   | FOUNDATION              | OPERATING EXPENSES               | 130,000 |
| FIX GEORGIA PETS<br>6300 POWERS FERRY RD SUITE 600-<br>205<br>ATLANTA, GA 30339                          | N/A   | PUBLIC<br>CHARITY       | OPERATING EXPENSES               | 10,000  |

Total . 3a

| 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<br>status of | Purpose of grant or contribution | Amount |
| Name and address (home or business)  | any foundation manager<br>or substantial contributor    | recipient               |                                  |        |
| a Paid during the year   |   |                         |                                  |        |
| FOCUS ON THE FAMILY<br>8655 EXPLORER DRIVE<br>COLORADO SPRINGS, CO 80995                                 | N/A   | PUBLIC<br>CHARITY       | OPERATING EXPENSES               | 25,000 |
| G-CAPP<br>1718 PEACHTREE ST NW SUITE 465<br>ATLANTA, GA 30309  | N/A   | PUBLIC<br>CHARITY       | OPERATING EXPENSES               | 15,000 |
| GIDEON INTERNATIONALPO BOX 2361<br>THOMASVILLE, GA 31792   | N/A   | PUBLIC<br>CHARITY       | OPERATING EXPENSES               | 10,000 |
| GLASGOW AME CHURCH<br>1279 PARRAMORE FISH POND RD<br>BOSTON, GA 31626                                    | N/A   | CHURCH                  | OPERATING EXPENSES               | 1,000  |
| GLENVILLE-CASHIERS RESCUE SQUAD<br>INC<br>P O BOX 919  | N/A   | PUBLIC<br>CHARITY       | OPERATING EXPENSES               | 2,500  |

CASHIERS, NC 28717

| Form 990PF Part XV Line 3 - Grant  | orm 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<br>or substantial contributor  | recipient            |                                  |           |  |  |
| a Paid during the year   |   |                      |                                  |           |  |  |
| GRATEFUL GOLDENS RESCUE OF THE<br>LOW COUNTRY<br>PO BOX 2799<br>MYRTLE BEACH, SC 29578         | N/A   | PUBLIC<br>CHARITY    | OPERATING EXPENSES               | 1,000     |  |  |
| GRAYSON-JOCKEY CLUB RESEARCH<br>FOUNDATION<br>40 EAST 52ND ST 15TH FLOOR<br>NEW YORK, NY 10022 | N/A   | FOUNDATION           | OPERATING EXPENSES               | 25,000    |  |  |
| HALCYON HOME INCPO BOX 1838<br>THOMASVILLE, GA 31799   | N/A   | PUBLIC<br>CHARITY    | OPERATING EXPENSES               | 30,000    |  |  |
| HANDS & HEARTS FOR HORSES<br>PO BOX 1095<br>THOMASVILLE, GA 31799                              | N/A   | PUBLIC<br>CHARITY    | OPERATING EXPENSES               | 16,000    |  |  |
| HANDS ON THOMAS COUNTY<br>PO BOX 252<br>THOMASVILLE, GA 31799                                  | N/A   | PUBLIC<br>CHARITY    | OPERATING EXPENSES               | 26,000    |  |  |
| Total  |   |                      |                                  | 4,142,050 |  |  |

| 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<br>status of | Purpose of grant or contribution | Amount    |
| Name and address (home or business)  | any foundation manager<br>or substantial contributor    | recipient               |                                  |           |
| a Paid during the year   |   |                         |                                  |           |
| HEADSTRONG PROJECT<br>655 MADISON AVE 18TH FLOOR<br>NEW YORK, NY 10065                                   | N/A   | PUBLIC<br>CHARITY       | OPERATING EXPENSES               | 80,000    |
| HIGHLANDSCASHIERS HOSPITAL<br>FOUND<br>PO BOX 742<br>HIGHLANDS, NC 28741                                 | N/A   | FOUNDATION              | OPERATING EXPENSES               | 5,000     |
| HOOVED ANIMAL HUMANE SOCIETY<br>10804 MCCONNELL ROAD<br>WOODSTOCK, IL 60098                              | N/A   | PUBLIC<br>CHARITY       | OPERATING EXPENSES               | 1,000     |
| HOOVED ANIMAL RESCUE & PROTECTION SOCIETY PO BOX 94 BARRINGTON, IL 60011                                 | N/A   | PUBLIC<br>CHARITY       | OPERATING EXPENSES               | 1,000     |
| HOPES & DREAMS RIDING FACILITY INC<br>4600 KNIGHTS FERRY RD<br>QUITMAN, GA 31643                         | N/A   | PUBLIC<br>CHARITY       | OPERATING EXPENSES               | 30,000    |
| Total  |   |                         |                                  | 4,142,050 |

| 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<br>or substantial contributor    | recipient            |                                  |           |
| a Paid during the year   |   |                      |                                  |           |
| HOSPICE OF SOUTHWEST GEORGIA -<br>ARCHBOLD FOUNDATION INC<br>910 S BROAD ST<br>THOMASVILLE, GA 31792 | N/A   | FOUNDATION           | OPERATING EXPENSES               | 25,000    |
| HOUND WELFARE FUNDPO BOX 55610<br>LEXINGTON, KY 40555  | N/A   | PUBLIC<br>CHARITY    | OPERATING EXPENSES               | 500       |
| HUNT STAFF BENEFIT FOUNDATION<br>PO BOX 363<br>MILLWOOD, VA 22646                                    | N/A   | FOUNDATION           | OPERATING EXPENSES               | 1,000     |
| JEFFERSON COUNTY HUMANE SOCIETY<br>PO BOX 954<br>MONTICELLO, FL 32345                                | N/A   | PUBLIC<br>CHARITIES  | OPERATING EXPENSES               | 61,000    |
| JIM NEILL MEMORIAL FOUNDATION<br>FUND<br>P O BOX 2654<br>THOMASVILLE, GA 31799                       | N/A   | FOUNDATION           | OPERATING EXPENSES               | 1,000     |
| Total  |   |                      |                                  | 4,142,050 |

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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<br>status of | Purpose of grant or contribution | Amount  |
| Name and address (home or business)  | any foundation manager<br>or substantial contributor    | recipient               |                                  |         |
| a Paid during the year   |   |                         |                                  |         |
| LAND TRUST ALLIANCE<br>1600 L STREET NW SUITE 1100<br>WASHINGTON, DC 20036                                       | N/A   | PUBLIC<br>CHARITIES     | OPERATING EXPENSES               | 1,000   |
| LASSAC MISSIONARY METHODIST<br>CHURCH<br>1683 PARRAMORE FISHPOND ROAD<br>BOSTON, GA 31626                        | N/A   | CHURCH                  | OPERATING EXPENSES               | 1,000   |
| LAWSON NEEL MEDBANK INC<br>PO BOX 5756<br>THOMASVILLE, GA 31758  | N/A   | PUBLIC<br>CHARITY       | OPERATING EXPENSES               | 40,000  |
| LEWIS HALL SINGLETARY ONCOLOGY<br>CENTER - ARCHBOLD FOUND INC<br>910 SOUTH BROAD STREET<br>THOMASVILLE, GA 31792 | N/A   | FOUNDATION              | OPERATING EXPENSES               | 100,000 |
| LIVE OAK HOUNDS PONY CLUB<br>201 BERRYHILL LANE<br>THOMASVILLE, GA 31792   | N/A   | PUBLIC<br>CHARITY       | OPERATING EXPENSES               | 1,000   |

Total . 3a 4,142,050

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 LIVES WITHOUT LIMITSPO BOX 1652 N/A PUBLIC OPERATING EXPENSES 1,000 THOMASVILLE, GA 31799 CHARITY LUCKY'S PLACEPO BOX 654 N/A OPERATING EXPENSES 5,000 PUBLIC THAYNE, WY 83127 CHARITY ດດ 00

| MFHA EDUCATION FOUNDATION<br>PO BOX 363<br>MILLWOOD, VA 22646 | N/A | FOUNDATION          | OPERATING EXPENSES | 61,000 |
|---|-----|---------------------|--------------------|--------|
| MADEIRA SCHOOL<br>8328 GEORGETOWN PIKE<br>MCLEAN, VA 22102    | N/A | EDUCATIONAL<br>INST | OPERATING EXPENSES | 7,500  |

| MADEIRA SCHOOL<br>8328 GEORGETOWN PIKE<br>MCLEAN, VA 22102 | N/A | EDUCATIONAL<br>INST | OPERATING EXPENSES | 7,500  |
|--|-----|---------------------|--------------------|--------|
| MD ANDERSON CANCER CENTER                                  | N/A | PUBLIC              | OPERATING EXPENSES | 30,000 |

| MCLEAN, VA 22102                         |     |                   |                    |      |
|--|-----|-------------------|--------------------|------|
| MD ANDERSON CANCER CENTER<br>PO BOX 4486 | N/A | PUBLIC<br>CHARITY | OPERATING EXPENSES | 30,0 |

| MCLEAN, VA 22102                                       |     |                   |                    |      |
|--|-----|-------------------|--------------------|------|
| MD ANDERSON CANCER CENTER PO BOX 4486 HOUSTON TX 77210 | N/A | PUBLIC<br>CHARITY | OPERATING EXPENSES | 30,0 |

| TCLLAIN, VA 22102                        |     |                   |                    |     |
|--|-----|-------------------|--------------------|-----|
| 1D ANDERSON CANCER CENTER<br>PO BOX 4486 | N/A | PUBLIC<br>CHARITY | OPERATING EXPENSES | 30, |
| HOUSTON TX 77210                         |     |                   |                    |     |

| Total                      |       |         |                      | 4,142,050 |
|----------------------------|-------|---------|----------------------|-----------|
| HOUSTON, TX 77210          |       |         |                      |           |
| PO BOX 4486                |       | CHARITY |                      |           |
| TID ANDERSON CANCER CENTER | 111/7 | ODLIC   | OI ENATING EXI ENSES | 30,00     |

| HOUSTON, TX 77210 |      |           |
|-------------------|------|-----------|
| Total             | <br> | 4,142,050 |

| 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<br>status of | Purpose of grant or contribution | Amount  |
| Name and address (home or business)  | any foundation manager<br>or substantial contributor    | recipient               |                                  |         |
| a Paid during the year   |   |                         |                                  |         |
| MILTON & NANCY GARDNER<br>CHARITABLE FOUNDATION INC<br>812 S BROAD ST UNIT 5<br>THOMASVILLE, GA 31792    | N/A   | PUBLIC<br>CHARITY       | OPERATING EXPENSES               | 10,000  |
| MISS KITTY FELINE SANCTURAY INC<br>PO BOX 22<br>THOMASVILLE, GA 31799                                    | N/A   | PUBLIC<br>CHARITY       | OPERATING EXPENSES               | 130,000 |
| MONTICELLO OPERA HOUSE INC<br>ENDOWMENT FUND<br>PO BOX 518<br>MONTICELLO, FL 32345                       | N/A   | PUBLIC<br>CHARITY       | OPERATING EXPENSES               | 5,000   |
| MOUNT OLIVE PB CHURCH<br>819 FLETCHER STREET<br>THOMASVILLE, GA 31792                                    | N/A   | CHURCH                  | OPERATING EXPENSES               | 1,000   |
| MOUNT PLEASANT AME CHURCH<br>125 GROOVER ROAD<br>MONTICELLO, FL 32344                                    | N/A   | CHURCH                  | OPERATING EXPENSES               | 1,000   |

Total . 3a

| 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<br>status of | Purpose of grant or contribution | Amount    |  |
| Name and address (home or business)  | any foundation manager<br>or substantial contributor    | recipient               |                                  |           |  |
| a Paid during the year   |   |                         |                                  |           |  |
| MT MORIAH MISSIONARY BAPTIST<br>CHURCH<br>PO BOX 549<br>BOSTON, GA 31626                                 | N/A   | CHURCH                  | OPERATING EXPENSES               | 1,000     |  |
| NATIONAL ANIMAL INTEREST ALLIANCE<br>P O BOX 66579<br>PORTLAND, OR 97290                                 | N/A   | PUBLIC<br>CHARITIES     | OPERATING EXPENSES               | 5,000     |  |
| NATIONAL CENTER FOR MISSING AND<br>EXPLOITED CHILDREN<br>699 PRINCE STREET<br>ALEXANDRIA, VA 22314       | N/A   | PUBLIC<br>CHARITY       | OPERATING EXPENSES               | 10,000    |  |
| NATIONAL MUSEUM OF WILDLIFE ART<br>PO BOX 6825<br>JACKSON, WY 83002                                      | N/A   | PUBLIC<br>CHARITY       | OPERATING EXPENSES               | 3,000     |  |
| NATIONAL SPORTING LIBRARY<br>PO BOX 1335<br>MIDDLEBURG, VA 20118   | N/A   | PUBLIC<br>CHARITY       | OPERATING EXPENSES               | 1,000     |  |
| Total  |   |                         |                                  | 4,142,050 |  |

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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<br>status of | Purpose of grant or contribution | Amount    |  |
| Name and address (home or business)  | any foundation manager<br>or substantial contributor    | recipient               |                                  |           |  |
| a Paid during the year   |   |                         |                                  |           |  |
| NEPENTHIC SOCIETY INC<br>2474 GATLIN CREEK ROAD<br>THOMASVILLE, GA 31757                                 | N/A   | PUBLIC<br>CHARITY       | OPERATING EXPENSES               | 21,000    |  |
| NEW ENGLAND FORESTRY FOUNDATION<br>PO BOX 1346<br>LITTLETON, MA 01460                                    | N/A   | PUBLIC<br>CHARITY       | OPERATING EXPENSES               | 1,000     |  |
| NEW JERUSALEM CHURCH OF GOD IN<br>UNITY<br>PO BOX 653<br>BOSTON, GA 31626                                | N/A   | CHURCH                  | OPERATING EXPENSES               | 1,000     |  |
| NEW OAK GROVE MB CHURCH<br>3333 REICHERTVILLE ROAD<br>BOSTON, GA 31626                                   | N/A   | CHURCH                  | OPERATING EXPENSES               | 1,000     |  |
| NORTHWOODS CHURCH OF GOD<br>640 HALL ROAD<br>THOMASVILLE, GA 31757                                       | N/A   | CHURCH                  | OPERATING EXPENSES               | 1,000     |  |
| Total  |   |                         |                                  | 4,142,050 |  |

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 OHSU FOUNDATION N/A PUBLIC OPERATING EXPENSES 5,000 PO BOX 4000 MAIL STOP 45 CHARITY PORTLAND, OR 97208 N/A CHURCH 1,000 **OLIVE BAPTIST CHURCH** OPERATING EXPENSES 6063 BOSTON HWY MONTICELLO, FL 32344 OPERATION SECOND CHANCE NI/A DUBLIC OPERATING EXPENSES 10 000

| PO BOX 461<br>CLARKSBURG, MD 20871                         |     | CHARITY           | OTENATING EXTENSES | 10,000 |
|--|-----|-------------------|--------------------|--------|
| PARTNERS ASIA<br>220 SECOND AVE SOUTH<br>SEATTLE, WA 98104 | N/A | PUBLIC<br>CHARITY | OPERATING EXPENSES | 1,000  |
| PINTLER PETSPO BOX 1204                                    | N/A | PUBLIC            | OPERATING EXPENSES | 10,000 |

| CLARKSBORG, MD 20071                                       |     |                   |                    |    |
|--|-----|-------------------|--------------------|----|
| PARTNERS ASIA<br>220 SECOND AVE SOUTH<br>SEATTLE, WA 98104 | N/A | PUBLIC<br>CHARITY | OPERATING EXPENSES | 1  |
| PINTLER PETSPO BOX 1204                                    | N/A | PUBLIC            | OPERATING EXPENSES | 10 |

| PARTNERS ASIA<br>220 SECOND AVE SOUTH<br>SEATTLE, WA 98104 | N/A | PUBLIC<br>CHARITY | OPERATING EXPENSES | 1,  |
|--|-----|-------------------|--------------------|-----|
| PINTLER PETSPO BOX 1204                                    | N/A | PUBLIC            | OPERATING EXPENSES | 10, |

| SEATTLE, WA 98104                             |     | CHARITY           |                    |    |
|---|-----|-------------------|--------------------|----|
| PINTLER PETSPO BOX 1204<br>ANACONDA, MT 59711 | N/A | PUBLIC<br>CHARITY | OPERATING EXPENSES | 10 |

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| 220 SECOND AVE SOUTH<br>SEATTLE, WA 98104 |     | CHARITY |                    |     |
|---|-----|---------|--------------------|-----|
| PINTLER PETSPO BOX 1204                   | N/A | PUBLIC  | OPERATING EXPENSES | 10, |

| orm 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<br>status of | Purpose of grant or contribution | Amount  |
| Name and address (home or business)   | any foundation manager<br>or substantial contributor    | recipient               |                                  |         |
| a Paid during the year  |   |                         |                                  |         |
| POINTER RESCUE ORG INC<br>160 FINLEY ROAD<br>BRIDGETON, NJ 08302  | N/A   | PUBLIC<br>CHARITY       | OPERATING EXPENSES               | 5,000   |
| PRISON FELLOWSHIP MINISTRIES<br>PO BOX 1550<br>MERRIFIELD, VA 22116                                     | N/A   | PUBLIC<br>CHARITY       | OPERATING EXPENSES               | 130,000 |
| RED HILLS HORSE TRIALS INC<br>POBOX 14869<br>TALLAHASSEE, FL 32317                                      | N/A   | PUBLIC<br>CHARITY       | OPERATING EXPENSES               | 2,500   |
| REFUGE HOUSE INCPO BOX 20910<br>TALLAHASSEE, FL 32316   | N/A   | PUBLIC<br>CHARITY       | OPERATING EXPENSES               | 10,000  |
| REICHERTVILLE VOLUNTEER FIRE DEPARTMENT   | N/A   | PUBLIC<br>CHARITY       | OPERATING EXPENSES               | 6,500   |

3485 REICHERTVILLE ROAD BOSTON, GA 31626

Total . . 3a

### 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 contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ROBERT E LEE MEMORIAL ASSOCIATION | N/A PUBLIC OPERATING EXPENSES 5,000 483 GREAT HOUSE ROAD CHARITY

| STRATFORD, VA 22558  |     |                     |                    |  |
|--|-----|---------------------|--------------------|--|
| ROOT 316 MINISTRIES<br>442 PATTERSON STILL ROAD<br>THOMASVILLE, GA 31792 | N/A | PUBLIC<br>CHARITIES | OPERATING EXPENSES |  |

1,000

10,000

4,142,050

| THOMASVILLE, GA 31792                  |     |                     |                    |  |
|--|-----|---------------------|--------------------|--|
| RTCA40 E 52ND ST<br>NEW YORK, NY 10022 | N/A | PUBLIC<br>CHARITIES | OPERATING EXPENSES |  |
| SALVATION ARMYPO BOX 66                | N/A | PUBLIC              | OPERATING EXPENSES |  |

| NEW YORK, NY 10022                               |     | CHARITIES         |                    |        |
|--|-----|-------------------|--------------------|--------|
| SALVATION ARMYPO BOX 66<br>THOMASVILLE, GA 31792 | N/A | PUBLIC<br>CHARITY | OPERATING EXPENSES | 15,000 |
| SCOTT SENIOR CENTER COUNCIL ON AGING             | N/A | PUBLIC<br>CHARITY | OPERATING EXPENSES | 10,000 |

| SCOTT SENIOR CENTER COUNCIL ON AGING      | N/A | PUBLIC<br>CHARITY | OPERATING EXPENSES | 10,000 |
|---|-----|-------------------|--------------------|--------|
| 611 N STEVENS ST<br>THOMASVILLE, GA 31792 |     |                   |                    |        |

| SCOTT SENIOR CENTER COUNCIL ON | N/A | PUBLIC  | OPERATING EXPENSES | 10 |
|--------------------------------|-----|---------|--------------------|----|
| AGING                          |     | CHARITY |                    |    |
| 611 N STEVENS ST               |     |         |                    |    |
| THOMASVILLE, GA 31792          |     |         |                    |    |
|                                |     |         |                    |    |

Total .

3a

| Recipient   | If recipient is an individual, show any relationship to | Foundation<br>status of<br>recipient | Purpose of grant or contribution | Amount  |
|---|---|--------------------------------------|----------------------------------|---------|
| Name and address (home or business)   | any foundation manager or substantial contributor       |                                      |                                  |         |
| a Paid during the year  |   |                                      |                                  |         |
| SECOND HARVEST OF SOUTH GEORGIA<br>INC<br>14121 HARBIN CIRCLE<br>VALDOSTA, GA 31601           | N/A   | PUBLIC<br>CHARITY                    | OPERATING EXPENSES               | 5,000   |
| SHEPHERD SPINAL CLINIC<br>2020 PEACHTREE RD NW<br>ATLANTA, GA 30309                           | N/A   | PUBLIC<br>CHARITY                    | OPERATING EXPENSES               | 145,000 |
| SOUTH GEORGIA BALLETPO BOX 1192<br>THOMASVILLE, GA 31799                                      | N/A   | PUBLIC<br>CHARITY                    | OPERATING EXPENSES               | 5,000   |
| SOUTHEASTERN GUIDE DOGS INC<br>4210 77TH ST E<br>PALMETTO, FL 34221                           | N/A   | PUBLIC<br>CHARITY                    | OPERATING EXPENSES               | 2,500   |
| SOUTHEASTERN LEGAL FOUNDATION<br>INC<br>2255 SEWELL MILL ROAD SUITE 320<br>MARIETTA, GA 30062 | N/A   | FOUNDATION                           | OPERATING EXPENSES               | 25,000  |

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 SOUTHERN REGIONAL TECHNICAL N/A FOUNDATION OPERATING EXPENSES 25,000 COLLEGE FOUNDATION 15689 US 19 N THOMASVILLE, GA 31792 N/A SPORTMEN'S ALLIANCE PUBLIC. OPERATING EXPENSES 45,000 801 KINGSMILL PARKWAY CHARITY COLUMBUS, OH 43229 OPERATING EXPENSES ST FRANCIS CHAPELPO BOX 3269 N/A CHURCH 2,000 CASHIERS, NC 28717 SYRACUSE UNIVERSITY N/A PUBLIC OPERATING EXPENSES 5,000 150 CROUSE DRIVE CHARITY SYRACUSE, NY 13244 TALL TIMBERS RESEARCH N/A OPERATING EXPENSES 137,750 PUBLIC

CHARITY

13093 HENRY BEADEL DRIVE

TALLAHASSEE, FL 32312

Total . . . . 4,142,050 3a

| 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<br>or substantial contributor    | recipient            |                                  |        |
| a Paid during the year   |   |                      |                                  |        |
| TALLAHASSEE MUSEUM<br>3945 MUSEUM DRIVE<br>TALLAHASSEE, FL 32310   | N/A   | PUBLIC<br>CHARITY    | OPERATING EXPENSES               | 2,000  |
| THE ANIMAL ADOPTION CENTER<br>PO BOX 8532<br>JACKSON, WY 83002   | N/A   | PUBLIC<br>CHARITY    | OPERATING EXPENSES               | 5,000  |
| THE CONSERVATION FUND<br>100 EDGEWOOD AVE NE SUITE 930<br>ATLANTA, GA 30303                              | N/A   | FOUNDATION           | OPERATING EXPENSES               | 1,000  |
| THE FUTURE OF HUNTING IN FLORIDA<br>INC<br>PO BOX 10949<br>TALLAHASSEE, FL 32302                         | N/A   | FOUNDATION           | OPERATING EXPENSES               | 17,500 |
| THE GEORGE WASHINGTON FOUNDATION 1201 WASHINGTON AVE   | N/A   | FOUNDATION           | OPERATING EXPENSES               | 10,000 |

| THE FUTURE OF HUNTING IN FLORIDA<br>INC<br>PO BOX 10949<br>TALLAHASSEE, FL 32302 | N/A | FOUNDATION | OPERATING EXPENSES | 17,500 |
|--|-----|------------|--------------------|--------|
| THE GEORGE WASHINGTON FOUNDATION 1201 WASHINGTON AVE FREDERICKSBURG, VA 22401    | N/A | FOUNDATION | OPERATING EXPENSES | 10,000 |

4,142,050

Total . 3a

| 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<br>status of | Purpose of grant or contribution | Amount    |  |
| Name and address (home or business)  | any foundation manager<br>or substantial contributor    | recipient               |                                  |           |  |
| a Paid during the year   |   |                         |                                  |           |  |
| THE HERITAGE FOUNDATION<br>214 MASSACHUSETTES AVE NE<br>WASHINGTON, DC 20002                             | N/A   | FOUNDATION              | OPERATING EXPENSES               | 125,000   |  |
| THE JOCKEY CLUB SAFETY NET<br>FOUNDATION<br>40 EAST 52ND ST<br>NEW YORK, NY 10022                        | N/A   | FOUNDATION              | OPERATING EXPENSES               | 25,000    |  |
| THE LONGLEAF ALLIANCE<br>12130 DIXON CENTER ROAD<br>ANDALUSIA, AL 36420                                  | N/A   | PUBLIC<br>CHARITY       | OPERATING EXPENSES               | 1,000     |  |
| THE MAILBOX CLUB INC<br>404 EAGER ROAD<br>VALDOSTA, GA 31602   | N/A   | PUBLIC<br>CHARITY       | OPERATING EXPENSES               | 35,000    |  |
| THE OPEN DOOR ADOPTION AGENCY<br>PO BOX 4<br>THOMASVILLE, GA 31799                                       | N/A   | PUBLIC<br>CHARITY       | OPERATING EXPENSES               | 10,000    |  |
| Total  |   |                         |                                  | 4,142,050 |  |

| orm 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<br>status of | Purpose of grant or contribution | Amount |
| Name and address (home or business)   | any foundation manager<br>or substantial contributor    | recipient               |                                  |        |
| a Paid during the year  |   |                         |                                  |        |
| THE UNITED STATES PONY CLUBS INC<br>4041 IRON WORKS PARKWAY<br>LEXINGTON, KY 40511                      | N/A   | PUBLIC<br>CHARITY       | OPERATING EXPENSES               | 10,000 |
| THEODORE ROOSEVELT CONSERVATION<br>1660 L STREET NW SUITE 208<br>WASHINGTON, DC 20036                   | N/A   | PUBLIC<br>CHARITY       | OPERATING EXPENSES               | 1,000  |
| THOMAS COUNTY 4-HPO BOX 49<br>THOMASVILLE, GA 31799   | N/A   | PUBLIC<br>CHARITY       | OPERATING EXPENSES               | 1,000  |
| THOMAS COUNTY FIRE - BOSTON FIRE<br>STATION<br>3485 REICHERTVILLE ROAD<br>BOSTON, GA 31626              | N/A   | POLICITAL<br>SUB OF ST  | OPERATING EXPENSES               | 5,000  |
| THOMAS COUNTY FOOD BANK<br>PO BOX 2422  | N/A   | PUBLIC<br>CHARITY       | OPERATING EXPENSES               | 15,000 |

| THOMAS COUNTY 4-HPO BOX 49<br>THOMASVILLE, GA 31799                                       | N/A | PUBLIC<br>CHARITY      | OPERATING EXPENSES | 1,00 |
|---|-----|------------------------|--------------------|------|
| THOMAS COUNTY FIRE - BOSTON FIRE<br>STATION<br>3485 REICHERTVILLE ROAD<br>BOSTON GA 31626 | N/A | POLICITAL<br>SUB OF ST | OPERATING EXPENSES | 5,00 |

4,142,050

THOMASVILLE, GA 31799

Total . . За

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 THOMAS COUNTY HISTORICAL SOCIETY N/A PUBLIC OPERATING EXPENSES 36,000 PO BOX 1922 CHARITY THOMASVILLE, GA 31799 THOMAS COUNTY SHERIFFS OFFICE N/A OPERATING EXPENSES 5,000 PUBLIC 921 SMITH AVE CHARITY THOMASVILLE, GA 31792

| THOMAS JEFFERSON MEMORIAL<br>FOUNDATION<br>PO BOX 217<br>CHARLOTTESVILLE, VA 22902 | N/A | FOUNDATION          | OPERATING EXPENSES | 10,000 |
|--|-----|---------------------|--------------------|--------|
| THOMAS UNIVERSITY<br>1501 MILLPOND ROAD<br>THOMASVILLE, GA 31792                   | N/A | EDUCATIONAL<br>INST | OPERATING EXPENSES | 10,000 |

N/A PUBLIC: OPERATING EXPENSES 15,000

THOMAS-GRADY ARCPO BOX 994 CHARITY

THOMASVILLE, GA 31799

Total . 4,142,050

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| ts and Contributions Paid                               | During the \  | ear or Approved for Future   | Payment  |
|---|---|--|--|
| If recipient is an individual, show any relationship to | Foundation<br>status of   | Purpose of grant or contribution   | Amount   |
| any foundation manager<br>or substantial contributor    | recipient   |  |  |
|   |   |  |  |
| N/A   | FOUNDATION  | OPERATING EXPENSES   | 11,000   |
| N/A   | PUBLIC<br>CHARITY   | OPERATING EXPENSES   | 35,000   |
| N/A   | PUBLIC<br>CHARITY   | OPERATING EXPENSES   | 26,800   |
| N/A   | PUBLIC<br>CHARITY   | OPERATING EXPENSES   | 47,500   |
| N/A   | FOUNDATION  | OPERATING EXPENSES   | 5,000  |
|   | If recipient is an individual, show any relationship to any foundation manager or substantial contributor  N/A  N/A  N/A  N/A | If recipient is an individual, show any relationship to any foundation manager or substantial contributor  N/A  PUBLIC CHARITY  N/A  PUBLIC CHARITY  N/A  PUBLIC CHARITY | show any relationship to any foundation manager or substantial contributor  N/A  PUBLIC CHARITY  N/A  PUBLIC CHARITY  PUBLIC CHARITY  OPERATING EXPENSES  PUBLIC CHARITY  OPERATING EXPENSES  OPERATING EXPENSES  OPERATING EXPENSES  OPERATING EXPENSES  OPERATING EXPENSES  OPERATING EXPENSES |

4,142,050

Total . . 3a

| 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<br>status of | Purpose of grant or contribution | Amount  |
| Name and address (home or business)  | any foundation manager<br>or substantial contributor    | recipient               |                                  |         |
| a Paid during the year   |   |                         |                                  |         |
| THOMASVILLE HIGH SCHOOL BAND<br>PO BOX 2654<br>THOMASVILLE, GA 31799                                     | N/A   | PUBLIC<br>CHARITY       | OPERATING EXPENSES               | 5,000   |
| THOMASVILLE LANDMARKS<br>PO BOX 1285<br>THOMASVILLE, GA 31799  | N/A   | PUBLIC<br>CHARITY       | OPERATING EXPENSES               | 106,000 |
| THOMASVILLE MUSIC & DRAMA TROUPE<br>INC<br>PO BOX 284<br>THOMASVILLE, GA 31799                           | N/A   | PUBLIC<br>CHARITY       | OPERATING EXPENSES               | 5,000   |
| THOMASVILLE POLICE DEPARTMENT<br>921 SMITH AVENUE<br>THOMASVILLE, GA 31792                               | N/A   | POLICITAL<br>SUB OF ST  | OPERATING EXPENSES               | 10,000  |
| THOMASVILLE-THOMAS COUNTY<br>HABITAT FOR HUMANITY INC<br>4131 GA HWY 122                                 | N/A   | PUBLIC<br>CHARITY       | OPERATING EXPENSES               | 50,000  |

THOMASVILLE, GA 31757

4,142,050 Total . . За

| 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<br>status of | Purpose of grant or contribution | Amount  |
| Name and address (home or business)  | any foundation manager<br>or substantial contributor    | recipient               |                                  |         |
| a Paid during the year   |   |                         |                                  |         |
| THOMASVILLE-THOMAS COUNTY<br>HUMANE SOCIETY<br>180 BIG STAR DR<br>THOMASVILLE, GA 31757                  | N/A   | PUBLIC<br>CHARITY       | OPERATING EXPENSES               | 203,500 |
| THS TIP-OFF CLUB INCPO BOX 6411<br>THOMASVILLE, GA 31758   | N/A   | PUBLIC<br>CHARITY       | OPERATING EXPENSES               | 1,000   |
| UNIVERSITY OF FLORIDA FOUNDATION<br>INC<br>PO BOX 14425<br>GAINESVILLE, FL 32604                         | N/A   | EDUCATIONAL<br>INST     | OPERATING EXPENSES               | 10,000  |
| UNIVERSITY OF VIRGINIA<br>PO BOX 400314<br>CHARLOTTESVILLE, VA 22904                                     | N/A   | EDUCATIONAL<br>INST     | OPERATING EXPENSES               | 60,000  |
| VASHTI CENTER<br>1815 EAST CLAY STREET   | N/A   | PUBLIC<br>CHARITY       | OPERATING EXPENSES               | 25,000  |

THOMASVILLE, GA 31792

4,142,050 3a

| Form 990PF Part XV Line 3 - Gran  | ts and Contributions Paid                               | During the \         | ear 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<br>or substantial contributor    | recipient            |                                  |           |
| a Paid during the year  |   |                      |                                  |           |
| VENTURE CREW 319 INC<br>120 QUAIL RIDGE ST<br>OCHLOCKNEE, GA 31773                  | N/A   | PUBLIC<br>CHARITY    | OPERATING EXPENSES               | 5,000     |
| VETERANS ADMINISTRATION OF<br>THOMAS COUNTY<br>2885 HORRY AVE<br>CAIRO, GA 39828    | N/A   | PUBLIC<br>CHARITY    | OPERATING EXPENSES               | 20,000    |
| VMI FOUNDATIONPO BOX 932<br>LEXINGTON, VA 24450                                     | N/A   | PUBLIC<br>CHARITY    | OPERATING EXPENSES               | 25,000    |
| WESTMORELAND DAVIS MEMORIAL<br>FOUNDATION INC<br>P O BOX 6228<br>LEESBURG, VA 20178 | N/A   | FOUNDATION           | OPERATING EXPENSES               | 2,000     |
| YMCA - BUTLER-MASON<br>1304 REMINGTON AVE<br>THOMASVILLE, GA 31792                  | N/A   | PUBLIC<br>CHARITY    | OPERATING EXPENSES               | 10,000    |
| Total   |   |                      |                                  | 4,142,050 |

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

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| a Paid during the year  |     |                   |                    |        |
|---|-----|-------------------|--------------------|--------|
| YMCA - DAWSON STREET CENTER<br>PO BOX 1037<br>THOMASVILLE, GA 31799 | N/A | PUBLIC<br>CHARITY | OPERATING EXPENSES | 50,000 |

10,000

| MCA - FRANCIS F WESTON CENTER<br>16 W CLAY ST<br>HOMASVILLE, GA 31792 | N/A | PUBLIC<br>CHARITY | OPERATING EXPENSES |  |
|---|-----|-------------------|--------------------|--|
|   |     |                   |                    |  |

| THOMASVILLE, GA 31792 |     | CHARITY |                    |  |
|-----------------------|-----|---------|--------------------|--|
| YOUNG LIFEPO BOX 1216 | N/A | PUBLIC  | OPERATING EXPENSES |  |

| YOUNG LIFEPO BOX 1216<br>THOMASVILLE, GA 31799 | N/A | PUBLIC<br>CHARITY | OPERATING EXPENSES | 10, |
|--|-----|-------------------|--------------------|-----|
|  |     |                   |                    |     |

| YOUNG LIFEPO BOX 1216<br>THOMASVILLE, GA 31799 | N/A | PUBLIC<br>CHARITY | OPERATING EXPENSES |  |
|--|-----|-------------------|--------------------|--|
|  |     |                   |                    |  |

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| YOUNG LIFEPO BOX 1216<br>THOMASVILLE, GA 31799 | N/A | PUBLIC<br>CHARITY | OPERATING EXPENSES | 10,000    |
|--|-----|-------------------|--------------------|-----------|
| Total  |     |                   |                    | 4,142,050 |

| efile GRAPHIC print - DO NO                     | OT PROCESS | As Filed D | ata - |                      |                        | DLN: 93491134037598                         |
|---|------------|------------|-------|----------------------|------------------------|---|
| TY 2017 Accounting                              | Fees Sch   | edule      |       |                      | _                      |   |
|   |            |            |       |                      |                        |   |
|   | Name:      | WILLIAM    | HOW   | ARD FLOWER           | S JR FOUNDATIO         | V   |
|   |            | INC        |       |                      |                        |   |
|   | EIN:       | 58-1399    | 036   |                      |                        |   |
| Accounting Fees Schedule                        |            |            |       |                      |                        |   |
| Category  | Am         | ount       |       | Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
| TAX RETURN & FINANCIAL<br>STATEMENT PREPARATION |            | 14,097     |       | 7,048                |                        | 7,049                                       |

| Note: To capture the full content of this document, please select landscape mode (11" $\times$ 8.5") when printing. |              |                |            |   |         |                          |               |
|---|--------------|----------------|------------|---|---------|--------------------------|---------------|
| TY 2017 Depreciation Schedule   | <b>e</b>     |                |            |   |         |                          |               |
| Name:   | WILLIAM HOW  | ARD FLOWERS JR | FOUNDATION |   |         |                          |               |
|   | INC          |                |            |   |         |                          |               |
| EIN:  | 58-1399036   |                |            |   |         |                          |               |
| Data Cartan Other   | Duian Vasual |                | B-4- /     | C | N - 4 7 | Administration of Allica | Cook of Cooks |

DLN: 93491134037598

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| <b>EIN:</b> 58-1399036        |                  |                        |                              |                    |                             |   |                          |                        |                                       |
|-------------------------------|------------------|------------------------|------------------------------|--------------------|-----------------------------|---|--------------------------|------------------------|---------------------------------------|
| Description of<br>Property    | Date<br>Acquired | Cost or Other<br>Basıs | Prior Years'<br>Depreciation | Computation Method | Rate /<br>Life (# of years) | Current Year's<br>Depreciation<br>Expense | Net Investment<br>Income | Adjusted Net<br>Income | Cost of Goods<br>Sold Not<br>Included |
| BUSINESS WORKS GOLD<br>UPDATE | 2004-03-30       | 928                    | 928                          | SL                 | 3 000000000000              | 0   | 0                        |                        |                                       |
| RICOH COPIER/FAX              | 2012-07-08       | 5,109                  | 4,599                        | SL                 | 5 000000000000              | 510                                       | 0                        |                        |                                       |
| ESI DIGITAL PHONE<br>SYSTEM   | 2012-09-01       | 2,273                  | 1,972                        | SL                 | 5 000000000000              | 301                                       | 0                        |                        |                                       |
| '13 DELL COMPUTERS<br>(2)     | 2013-04-03       | 1,776                  | 1,331                        | SL                 | 5 00000000000               | 355                                       | 0                        |                        |                                       |

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|--------------------------------------|-----------------|---------------------|
|                                      |                 |                     |

## **TY 2017 Investments Corporate Stock Schedule**

Name: WILLIAM HOWARD FLOWERS JR FOUNDATION

INC

| EIN: 58-1399036                      |                           |                                  |  |  |
|--------------------------------------|---------------------------|----------------------------------|--|--|
| Name of Stock                        | End of Year Book<br>Value | End of Year Fair<br>Market Value |  |  |
| FLOWERS FOODS, INC 3,192,922 SHARES  | 61,655,324                | 61,655,324                       |  |  |
| SENSIENT TECHNOLOGIES 15,000 SHS     | 1,097,250                 | 1,097,250                        |  |  |
| BRISTOL MYERS SQUIBB CO. 10,000 SHS  | 612,800                   | 612,800                          |  |  |
| AT&T 15,000 SHARES                   | 583,200                   | 583,200                          |  |  |
| SNAP-ON, INC. 10,000 SHARES          | 1,743,000                 | 1,743,000                        |  |  |
| THOMASVILLE BANCSHARES 4,000 SHARES  | 164,000                   | 164,000                          |  |  |
| SCHLUMBERGER LTD 10,000 SHS          | 673,900                   | 673,900                          |  |  |
| TOTAL SYSTEMS 1,500 SHS              | 118,635                   | 118,635                          |  |  |
| BECTON DICKINSON 7,000               | 1,498,420                 | 1,498,420                        |  |  |
| CENOVUS ENERGY INC 15,000            | 136,950                   | 136,950                          |  |  |
| SNYDERS-LANCE INC 30,000             | 1,502,400                 | 1,502,400                        |  |  |
| STEPAN CO 20,000 SHS                 | 1,579,400                 | 1,579,400                        |  |  |
| FORD MOTOR CO. 25,000 SHARES         | 312,250                   | 312,250                          |  |  |
| PFIZER INC 15,000 SHARES             | 543,300                   | 543,300                          |  |  |
| STANLEY BLACK & DECKER 10,000 SHARES | 1,696,900                 | 1,696,900                        |  |  |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491134037598 |  |  |  |
|--------------------------------------|-----------------|---------------------|--|--|--|
|                                      |                 |                     |  |  |  |
| TV 2017 Investments - Other Schedule |                 |                     |  |  |  |

Name: WILLIAM HOWARD FLOWERS JR FOUNDATION

INC

**EIN:** 58-1399036

| Investments Other Schedule 2                       |                       |            |                                  |
|--|-----------------------|------------|----------------------------------|
| Category/ Item                                     | Listed at Cost or FMV | Book Value | End of Year Fair<br>Market Value |
| CAPITAL MANAGEMENT INVESTMENT TRUST SMALL CAP FUND | FMV                   | 5,180,584  | 5,180,584                        |
| CAPITAL MANAGEMENT INVESTMENT TRUST MID CAP FUND   | FMV                   | 5,985,033  | 5,985,033                        |
| CAPITAL MANAGEMENT INVESTMENT TRUST ALL CAP        | FMV                   | 314,333    | 314,333                          |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491134037598 |
|--------------------------------------|-----------------|---------------------|
| TV 2017 Land Etc.                    |                 |                     |
| TY 2017 Land, Etc.                   |                 |                     |
| Schedule                             |                 |                     |

Name: WILLIAM HOWARD FLOWERS JR FOUNDATION

INC

EQ 4300036

| E                          |                       |                          |            |                                  |
|----------------------------|-----------------------|--------------------------|------------|----------------------------------|
| Category / Item            | Cost / Other<br>Basis | Accumulated Depreciation | Book Value | End of Year Fair<br>Market Value |
| BUSINESS WORKS GOLD UPDATE | 928                   | 928                      | 0          |                                  |
| RICOH COPIER/FAX           | 5,109                 | 5,109                    | 0          |                                  |
| ESI DIGITAL PHONE SYSTEM   | 2,273                 | 2,273                    | 0          |                                  |
| '13 DELL COMPUTERS (2)     | 1,776                 | 1,686                    | 90         |                                  |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - |                            | DLN: 93491134037598 |  |  |  |
|--------------------------------------|-----------------|----------------------------|---------------------|--|--|--|
| TY 2017 Other Decreases Schedule     |                 |                            |                     |  |  |  |
|                                      |                 |                            |                     |  |  |  |
| Name:                                | WILLIAM HOV     | VARD FLOWERS JR FOUNDATION | ON                  |  |  |  |
|                                      | INC             |                            |                     |  |  |  |
| EIN:                                 | 58-1399036      |                            |                     |  |  |  |
| D.                                   | escription      |                            | Amount              |  |  |  |
| UNREALIZED GAIN                      |                 |                            | 759,579             |  |  |  |
| DIFFERENCE IN BOOK/TAX GAIN ON SAL   | _E OF INVESTME  | NTS                        | 781,205             |  |  |  |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data -                      |                          | DLN:                   | 93491134037598                              |  |  |
|--------------------------------------|--------------------------------------|--------------------------|------------------------|---|--|--|
| TY 2017 Other Expenses Schedule      |                                      |                          |                        |   |  |  |
|                                      |                                      |                          |                        |   |  |  |
| Name:                                | WILLIAM HOWA                         | RD FLOWERS JR            | FOUNDATION             |   |  |  |
|                                      | INC                                  |                          |                        |   |  |  |
| EIN:                                 | 58-1399036                           |                          |                        |   |  |  |
| Other Expenses Schedule              |                                      |                          |                        |   |  |  |
| Description                          | Revenue and<br>Expenses per<br>Books | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |  |  |
| OFFICE EXPENSES                      | 9,917                                | 0                        |                        | 9,917                                       |  |  |

| efile GRAPHIC print - DO NOT PROCESS  | As Filed Data - |                | DL                               | .N: 93491134037598          |  |  |
|---------------------------------------|-----------------|----------------|----------------------------------|-----------------------------|--|--|
| TY 2017 Other Liabilities Schedule    |                 |                |                                  |                             |  |  |
|                                       |                 |                |                                  |                             |  |  |
| Name:                                 | WILLIAM HOW     | ARD FLOWERS    | JR FOUNDATION                    |                             |  |  |
| · · · · · · · · · · · · · · · · · · · |                 | AND I LOTTE NO | 31(100)112/112011                |                             |  |  |
|                                       | INC             |                |                                  |                             |  |  |
| EIN:                                  | 58-1399036      |                |                                  |                             |  |  |
| Description                           | n               | Вє             | eginning of Year<br>- Book Value | End of Year -<br>Book Value |  |  |
| PAYROLL TAX LIABILITIES               |                 |                | 0                                | 2,315                       |  |  |

| efile GRAPHIC print - DO NOT PROCES      | SS As Filed Data | -              | DLI           | N: 93491134037598 |  |  |
|--|------------------|----------------|---------------|-------------------|--|--|
| TY 2017 Other Professional Fees Schedule |                  |                |               |                   |  |  |
|  |                  |                |               |                   |  |  |
| Nan                                      | ne: WILLIAM HC   | WARD FLOWERS   | IR FOUNDATION |                   |  |  |
|  | INC              |                |               |                   |  |  |
| <b>EIN:</b> 58-1399036                   |                  |                |               |                   |  |  |
| Category                                 | Amount           | Net Investment | Adjusted Net  | Disbursements     |  |  |

| Category | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
|----------|--------|--------------------------|------------------------|---|

34,995

34,995

69,990

INVESTMENT ADVISORY FEES

| efile GRAPHIC print - DO NOT PR | ROCESS As Filed Data   | <u>a</u> -               | DLI                    | N: 93491134037598                           |  |  |
|---------------------------------|------------------------|--------------------------|------------------------|---|--|--|
| TY 2017 Taxes Schedule          |                        |                          |                        |   |  |  |
|                                 |                        |                          |                        | !   |  |  |
|                                 | Name: WILLIAM HO       | OWARD FLOWERS            | JR FOUNDATION          | 1   |  |  |
|                                 | INC                    |                          |                        | ,   |  |  |
|                                 | <b>EIN:</b> 58-1399036 | 5                        |                        |   |  |  |
| Category                        | Amount                 | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |  |  |
| PAYROLL TAXES                   | 4,561                  | 0                        |                        | 4,561                                       |  |  |
| FOREIGN TAX                     | 435                    | 435                      |                        | 0   |  |  |
| EXCISE TAX                      | 38,127                 | 7 0                      |                        | 0   |  |  |

| efile GRAPHIC print - DO   | NOT PROCESS   | As Filed Data -  |  |   |   | DLN: 93491134037598                                  |  |
|--|---|--|--|---|---|--|--|
| Schedule B   |   | Schedu   | ule of Contributo  | ors   |   | OMB No 1545-0047                                     |  |
| (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service                    | Attach to Form 990, 990-EZ, or 990-PF Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a> |  |  |   |   |  |  |
| Name of the organization<br>WILLIAM HOWARD FLOWER<br>INC   |   |  |  |   | <b>Employe</b> r id 58-1399036                      | lentification number                                 |  |
| Organization type (check   | one)  |  |  |   | 130-1399030   |  |  |
| Filers of:   | Section:  |  |  |   |   |  |  |
| orm 990 or 990-EZ  |   |  |  |   |   |  |  |
|  | ☐ 4947(a)( <sup>2</sup>   | 1) nonexempt char  | ritable trust <b>not</b> treated a   | as a private founda   | tion  |  |  |
|  | ☐ 527 politi  | cal organization   |  |   |   |  |  |
| Form 990-PF  | <b>✓</b> 501(c)(3)  | exempt private fo  | oundation  |   |   |  |  |
|  | ☐ 4947(a)( <sup>2</sup>   | 4947(a)(1) nonexempt charitable trust treated as a private foundation      |  |   |   |  |  |
|  | ☐ 501(c)(3)   | taxable private fo   | undation   |   |   |  |  |
|  |   |  | PF that received, during<br>complete Parts I and II S  |   |   |  |  |
| Special Rules  |   |  |  |   |   |  |  |
| under sections 509   | (a)(1) and 170(b)<br>one contributor, d   | (1)(A)(vi), that che<br>uring the year, tota                               | g Form 990 or 990-EZ th<br>scked Schedule A (Form<br>al contributions of the gro<br>plete Parts I and II               | 990 or 990-EZ), P   | art II, line 13,                                    | 16a, or 16b, and that                                |  |
| during the year, tot   | al contributions of   | f more than \$1,000  | , or (10) filing Form 990<br>Dexclusively for religious<br>animals Complete Part                                       | s, charitable, scient   |   |  |  |
| during the year, co<br>If this box is check<br>purpose Don't con                                     | ntributions exclus<br>ed, enter here the<br>aplete any of the p   | ively for religious,<br>total contributions<br>parts unless the <b>G</b> o | or (10) filing Form 990 charitable, etc., purpose that were received during the applies to the or more during the year | s, but no such con<br>ng the year for an<br>nis organization be | tributions tota<br>exclusively re<br>cause it recei | aled more than \$1,000<br>digious, charitable, etc., |  |
| Caution. An organization of 990-EZ, or 990-PF), but it Form 990-EZ or on its Form 990-EZ, or 990-PF) | <b>must</b> answer "No  | on Part IV, line 2   | , of its Form 990, or che  | ck the box on line  | H of its  |  |  |
| For Paperwork Reduction Act for Form 990, 990-EZ, or 990-F   |   | ructions   | Cat No 30613X  | Schedu  | ile B (Form 990                                     | , 990-EZ, or 990-PF) (2017)                          |  |

| seriodale B (1 emi                                 | 000; 000 12; 0: 000 11 / (2011)   |                                       | 1 ugo <b>-</b>                                |
|--|---|---------------------------------------|---|
| <b>Name of organizat</b><br>VILLIAM HOWARD F<br>NC | tion<br>FLOWERS JR FOUNDATION   | Employer identification<br>58-1399036 | number  |
| Part I   | Contributors (See instructions) Use duplicate copies of Part I if addit         | tional space is needed                |   |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions            | (d)<br>Type of contribution                   |
| 1  | MAURY TICE FLOWERS CHARITABLE LEAD UNITRUST  125-C NORTH BROAD STREET SUITE 311 |                                       | Person   Payroll                              |
|  | THOMASVILLE, GA 31752   | \$ 304,756                            | Noncash (Complete Part II for noncash         |
|  |   |                                       | contributions)                                |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions            | (d)<br>Type of contribution                   |
| <u>2</u>   | MCFADDEN CHARITABLE LEAD TRUST  |                                       | Person 🗸                                      |
| =  | PO BOX 6100   | <br>\$ 162,283                        | Payroll                                       |
|  | THOMASVILLE, GA317586100  |                                       | (Complete Part II for noncash                 |
| (a)  | (h)   | (0)                                   | contributions )                               |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions            | (d)<br>Type of contribution                   |
|  |   |                                       | Person  |
| -  |   |                                       | Payroll                                       |
|  |   | \$                                    | Noncash                                       |
|  |   |                                       | (Complete Part II for noncash contributions ) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions            | (d)<br>Type of contribution                   |
|  |   |                                       | Person  |
| -  |   |                                       | Payroll                                       |
|  |   | \$                                    | Noncash                                       |
|  |   |                                       | (Complete Part II for noncash contributions ) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions            | (d)<br>Type of contribution                   |
|  |   |                                       | Person  |
| -  |   |                                       | Payroll                                       |
|  |   | \$                                    | Noncash                                       |
|  |   |                                       | (Complete Part II for noncash contributions ) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions            | (d)<br>Type of contribution                   |
|  |   |                                       | Person  |
| -  |   |                                       | Payroll                                       |
|  |   | \$                                    | Noncash                                       |
|  |   |                                       | (Complete Part II for noncash contributions ) |

| Schedule B (Form                 | 990, 990-EZ, or 990-PF) (2017)            |  | Page <b>4</b>  |
|----------------------------------|---|--|--|
| INC                              | ion<br>LOWERS JR FOUNDATION               |  | Employer identification number<br>58-1399036   |
| than \$1,<br>organiz<br>the year | 000 for the year from any one contributor | r. Complete columns (a) thro<br>of exclusively religious, chari<br>ctions.) ► \$ | d in section 501(c)(7), (8), or (10) that total more ugh <b>(e) and</b> the following line entry. For table, etc., contributions of <b>\$1,000 or less</b> for |
| (a)<br>No. from Part I           | (b) Purpose of gift                       | (c) Use of gift  | (d) Description of how gift is held  |
|                                  | Transferee's name, address, and           | (e) Transfer of gift   | t<br>Relationship of transferor to transferee  |
| (a)                              | (b) Dumana of vife                        | (a) Has of wife  | (d) Description of how wife in hold  |
| No. from Part I                  | (b) Purpose of gift                       | (c) Use of gift  | (d) Description of how gift is held  |
|                                  | Transferee's name, address, and           | (e) Transfer of gift   | Relationship of transferor to transferee   |
| (a)<br>No. from Part I           | (b) Purpose of gift                       | (c) Use of gift  | (d) Description of how gift is held  |
|                                  | Transferee's name, address, and           | (e) Transfer of gift   | Relationship of transferor to transferee   |
| (a)<br>No. from Part I           | (b) Purpose of gift                       | (c) Use of gift  | (d) Description of how gift is held  |
|                                  | Transferee's name, address, and           | (e) Transfer of gift   | Relationship of transferor to transferee   |
|                                  |   |  | Schedule B (Form 990, 990-EZ, or 990-PF) (2017)  |