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Department of the Treasury

Internal Revenue Service

DLN: 93491311007298

2017

OMB No. 1545-0052

# **Return of Private Foundation**

▶ Information about Form 990-PF and its instructions is at <a href="mailto:www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

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.

Inspection For calendar year 2017, or tax year beginning 01-01-2017 , and ending 12-31-2017 A Employer identification number WL AMOS SR FOUNDATION INC C/O WILLIAM L AMOS JR MD Number and street (or P O box number if mail is not delivered to street address) 38 OCEAN CLUB DRIVE Room/suite B Telephone number (see instructions) (904) 491-0229 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here AMELIA ISLAND, FL 32034 ☐ Initial return ☐ Initial return of a former public charity G Check all that apply D 1. Foreign organizations, check here 2 Foreign organizations meeting the 85% test, check here and attach computation ☐ Final return Amended return ☐ Name change Address change E If private foundation status was terminated under section 507(b)(1)(A), check here ✓ Section 501(c)(3) exempt private foundation **H** Check type of organization Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation I Fair market value of all assets at end ✓ Cash ☐ Accrual J Accounting method F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here of year (from Part II, col (c), line 16)▶\$ 29,859,433 Other (specify) (Part I, column (d) must be on cash basis ) Part I Analysis of Revenue and Expenses (The total (d) Disbursements Revenue and (b) Net investment (c) Adjusted net for charitable of amounts in columns (b), (c), and (d) may not necessarily expenses per books purposes (cash basis only) income equal the amounts in column (a) (see instructions) ) 562,760 Contributions, gifts, grants, etc , received (attach schedule) Check ► L  $oldsymbol{ol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{ol{oldsymbol{ol{ol}}}}}}}}}}}}}}}}}}}}$ 2 321 321 Interest on savings and temporary cash investments 4 Dividends and interest from securities 601,198 601,198 5a Net rental income or (loss) -100,555 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) 5.455 Net short-term capital gain Income modifications . . 10a Gross sales less returns and allowances Less Cost of goods sold b . . . . Gross profit or (loss) (attach schedule) Other income (attach schedule) ارچە -8,784 -8,065 12 Total. Add lines 1 through 11 1,054,940 598.909 Compensation of officers, directors, trustees, etc 13 14 Other employee salaries and wages 15 Pension plans, employee benefits Operating and Administrative Expenses Legal fees (attach schedule) . رو Accounting fees (attach schedule) 9,075 9.075 Other professional fees (attach schedule) 17 [چە 25.000 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion 20 21 Travel, conferences, and meetings . 22 Printing and publications . . . 23 Other expenses (attach schedule) 24 Total operating and administrative expenses. Add lines 13 through 23 . . . 34,075 9.075 1,065,296 25 Contributions, gifts, grants paid 1.065.296 26 Total expenses and disbursements. Add lines 24 and 1,099,371 9,075 1,065,296 27 Subtract line 26 from line 12 Excess of revenue over expenses and -44,431 disbursements 589.834 Net investment income (if negative, enter -0-) **Adjusted net income**(If negative, enter -0-) For Paperwork Reduction Act Notice, see instructions. Form **990-PF** (2017) Cat No 11289X

	3	Accounts receivable				
		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				
sets	9	Prepaid expenses and deferred charges				
S	10a	Investments—U S and state government obligations (attach schedule)				
	b	Investments—corporate stock (attach schedule)	14,833,290	<b>%</b> J	14,108,982	29,104,331
	С	Investments—corporate bonds (attach schedule)				
	11	Investments—land, buildings, and equipment basis ▶				

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 ▶

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

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

Analysis of Changes in Net Assets or Fund Balances

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

Capital stock, trust principal, or current funds . . . . Paid-in or capital surplus, or land, bldg, and equipment fund

Other liabilities (describe ▶\_

Unrestricted

Temporarily restricted

Permanently restricted .

and complete lines 27 through 31.

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

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

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Liabil 21

Assets or Fund Balances

Net 30

22 23

24

25 26

27

28 29

31

Part III

2

	11	Investments—land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	275,000	385,946	147,980
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe			
	16	Total assets (to be completed by all filers—see the			
		instructions Also, see page 1, item I)	15,146,481	15,102,050	29,859,433
	17	Accounts payable and accrued expenses	5,632	5,632	
	18	Grants payable			
alities	19	Deferred revenue		15,102,050	
Į	20	Loans from officers, directors, trustees, and other disqualified persons			

5,632

15,140,849

15,140,849

15,146,481

5,632

15,096,418

15,096,418 15,102,050

2

3

4

5

6

15,140,849

15,096,418

15,096,418 Form **990-PF** (2017)

-44,431

Page **3** 

	(a) he kınd(s) of property sold (e g , re house, or common stock, 200 shs	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )	
1aSee Additional Data Table	2				
<b>b</b>					
d					
e					
	(f)		(g)	(	h)
<b>(e)</b> Gross sales price	Depreciation allowed (or allowable)	Cost or	other basis ense of sale	Gain o	r (loss) ) mınus (g)
a See Additional Data Table	9				
b					
c					
d					
e					
Complete only for assets	showing gain in column (h) and ow	ned by the foundation	on 12/31/69	(	I)
	(j)	<u> </u>	(k)	Gains (Col (	h) gain minus
(i) F M V as of 12/31/69		of col(ɪ) (ʒ), ɪf any		less than -0-) <b>or</b> om col (h))	
a See Additional Data Table	2				
b					
С					
d					
e					
· -	or (net capital loss)		Part I, line 7	2	5,455
in Part I, line 8	e 1, mie 0, column (c) (see mscrace		· }	3	
Part V Qualification U	Inder Section 4940(e) for Re	educed Tax on Net	Investment In	come	
_	rivate foundations subject to the sec				
(1 of optional use by domestic pi	Tivate foundations subject to the set	ction 4940(a) tax on he	st investment incom	ie <i>)</i>	
If section 4940(d)(2) applies, le	ave this part blank				
	e section 4942 tax on the distributal t qualify under section 4940(e) Do		· ·	? \ \ \ \ \ \ \ \	es 🗹 No
	ount in each column for each year,			S	
(a)	(b)	(c)		(d)	
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitab	le-use assets	Distribution rati (col (b) divided by c	
2016	1,239,205		23,922,236		0 051801
2015	1,058,491		22,535,382		0 046970
2014	1,053,157		22,193,204		0 047454
2013	842,790		21,048,068		0 040041
2012	865,136		17,342,604		0 049885
2 Total of line 1, column (c	1)		2		0 236151
number of years the foun	for the 5-year base period—divide dation has been in existence if less	than 5 years	, or by the		0 047230
4 Enter the net value of nor	ncharitable-use assets for 2017 fron	n Part X, line 5	4		26,721,155
<b>5</b> Multiply line 4 by line 3			5		1,262,040
	ent income (1% of Part I, line 27b)		6		5,898
			7		1,267,938
8 Enter qualifying distribution	ons from Part XII, line 4 ,		8		1,065,296
If line 8 is equal to or gre	ater than line 7, check the box in Pa	art VI, line 1b, and com	plete that part usir	ng a 1% tax rate Se	e the Part VI

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

7b

Form 990-PF (2017)					Page <b>7</b>	
Part VIII Information Abou and Contractors	t Offic	ers, Directors, Trusto	ees, Foundation Ma	nagers, Highly Paid Er	nployees,	
1 List all officers, directors, trus	tees, f	oundation managers and	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		
WILLIAM L AMOS JR MD		SIDENT, SECRETARY, TREAS	0	(	) 0	
38 OCEAN CLUB DRIVE AMELIA ISLAND, FL 32034						
WILLIAM L AMOS III		RES, ASST SECRETARY	0	(	) c	
38 OCEAN CLUB DRIVE AMELIA ISLAND, FL 32034	0 00					
ASHLEY COPELAN		RES, ASST SECRETARY	0	(	) c	
38 OCEAN CLUB DRIVE AMELIA ISLAND, FL 32034						
2 Compensation of five highest-	paid er	nployees (other than th	ose included on line 1	—see instructions). If no	ne, enter "NONE."	
(a) Name and address of each employee paid more than \$50,000		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		-				
<b>Total</b> number of other employees paid					0	
3 Five highest-paid independent	contra	actors for professional s	ervices (see instruction	ons). If none, enter "NON	E".	
(a) Name and address of each per	son pai	d more than \$50,000	<b>(b)</b> Type	e of service	(c) Compensation	
NONE						

Total number of other employees paid over \$50,00	00		🕨	0
3 Five highest-paid independent contracto	rs for professional s	ervices (see instruction	s). If none, enter "NO	NE".
(a) Name and address of each person paid mo	ore than \$50,000	<b>(b)</b> Type	of service	(c) Compensation
NONE				
Total number of others receiving over \$50,000 for	professional services.		•	0
Part IX-A Summary of Direct Charita	ble Activities			
List the foundation's four largest direct charitable activities organizations and other beneficiaries served, conferences c			tion such as the number of	Expenses
1				
2				

<b>Total</b> number of other employees paid over \$50,000		
3 Five highest-paid independent contractors for professional		
(a) Name and address of each person paid more than \$50,000  NONE	(b) Type of service	(c) Compensation
NONE	1	
	1	
	4	
<b>T. I.</b> I. C. II.		
Total number of others receiving over \$50,000 for professional services  Part IX-A Summary of Direct Charitable Activities		. •   0
Part IX-A Summary of Direct Charitable Activities  List the foundation's four largest direct charitable activities during the tax year Incli	ude relevant statistical information such as th	he number of
organizations and other beneficiaries served, conferences convened, research paper		Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation d	uring the tax year on lines 1 and 2	Amount
1		
2		
<u> </u>		
All other program-related investments See instructions		
3		
Tabal Add bass 4 Abassah 2		
Total. Add lines 1 through 3		<b>&gt;</b> 000 <b>PE</b> (2017)
		Form <b>990-PF</b> (2017)

Total number	of others receiving over \$50,000 for professional services	•	
Part IX-A	Summary of Direct Charitable Activities	'	
List the foundatio	on's four largest direct charitable activities during the tax year. Include relevant statistical information d other beneficiaries served, conferences convened, research papers produced, etc	n such as the number of	Expenses
1			
2			
·			
4			
-			
Part IX-B	Summary of Program-Related Investments (see instructions)		_
Describe the t	two largest program-related investments made by the foundation during the tax year on lines 1 and 2	2	Amount
1			
-			
All other pro	ogram-related investments See instructions		
3			
Total. Add line	s 1 through 3		
			Form <b>990-PF</b> (2017
			10mm <b>330-F1</b> (2017

Pal	organizations check here   and do not complete this part )		
1	Minimum investment return from Part X, line 6	1	1,336,058
<b>2</b> a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017 (This does not include the tax from Part VI )		
c	Add lines 2a and 2b	<b>2</b> c	11,797
3	Distributable amount before adjustments Subtract line 2c from line 1	3	1,324,261
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	1,324,261

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

1,065,296

1.065.296

1,065,296

Form **990-PF** (2017)

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

1

2

3

4

5

15.086

1.309,175

Form 990-PF (2017)

0

(d)

2017

Page 9

Form 990-PF (2	017)
Part XIII	Undi

0-PF (20	017)	
XIII	Undistributed Income	(see instructions)

**b** Total for prior years

a From 2012. . . . . **b** From 2013. . . . . c From 2014. . . d From 2015. . . . . e From 2016. . . . .

1 Distributable amount for 2017 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2017 a Enter amount for 2016 only. . . . . . .

(a)

Corpus

0

0

(b)

Years prior to 2016

(c)

2016

1.050.210

1,050,210

Excess distributions carryover, if any, to 2017

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

4 Qualifying distributions for 2017 from Part

XII, line 4 ▶ \$ 1,065,296 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 **d** Applied to 2017 distributable amount. . . . (If an amount appears in column (d), the

e Remaining amount distributed out of corpus same amount must be shown in column (a) )

**5** Excess distributions carryover applied to 2017 6 Enter the net total of each column as indicated below: 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 instructions . . . . . . . . . f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must 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

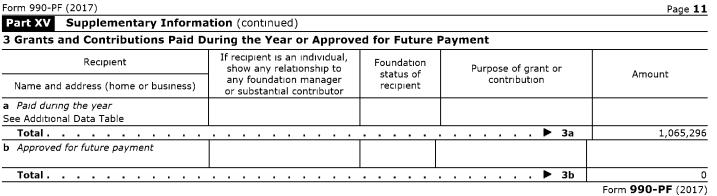
9 Excess distributions carryover to 2018.

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) . . .

Subtract lines 7 and 8 from line 6a . . . . . .



iter gross amounts unless otherwise indicated	Unrelated b	usiness income	Excluded by sectio	(e) Related or exempt	
. Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions )
a					
b					
d					
e					
f					
${f g}$ Fees and contracts from government agencies					
Membership dues and assessments					
investments			14	321	
Dividends and interest from securities			14	601,198	
Net rental income or (loss) from real estate					
a Debt-financed property					
<ul><li>b Not debt-financed property</li><li>Net rental income or (loss) from personal propert</li></ul>	v <del>                                    </del>				
Other investment income	' <del> </del>				
Gain or (loss) from sales of assets other than					
inventory			18	-100,555	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory  Other revenue					
a INVESTMENT INCOME FROM ALPHAKEYS			14	-5,955	
b INVESTMENT INCOME FROM ALPHAKEYS		-1,463		·	
c INVESTMENT INCOME FROM ALTARIS			14	-2,110	
d INVESTMENT INCOME FROM ALTARIS		744			
e	<b>I</b>				
		710		403.800	
Subtotal Add columns (b), (d), and (e)		-719		492,899 <b>3</b>	
2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calc	culations )		1	492,899 <b>3</b>	
2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities to t	culations ) the Accomplis	hment of Exem	pt Purposes	3	
2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calc	culations ) the Accomplis h income is repor	hment of Exempleted in column (e) of	pt Purposes	3uted importantly to	
Subtotal Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calcart XVI-B  Relationship of Activities to t  Explain below how each activity for which the accomplishment of the foundation's each activity.	culations ) the Accomplis h income is repor	hment of Exempleted in column (e) of	pt Purposes	3uted importantly to	
Subtotal Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calcart XVI-B  Relationship of Activities to t  Explain below how each activity for which the accomplishment of the foundation's each activity.	culations ) the Accomplis h income is repor	hment of Exempleted in column (e) of	pt Purposes	3uted importantly to	
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Subtotal Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calcart XVI-B  Relationship of Activities to t  Explain below how each activity for which the accomplishment of the foundation's each activity.	culations ) the Accomplis h income is repor	hment of Exempleted in column (e) of	pt Purposes	3uted importantly to	
Subtotal Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calcart XVI-B  Relationship of Activities to t  Explain below how each activity for which the accomplishment of the foundation's each activity.	culations ) the Accomplis h income is repor	hment of Exempleted in column (e) of	pt Purposes	3uted importantly to	
Subtotal Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calcart XVI-B  Relationship of Activities to t  Explain below how each activity for which the accomplishment of the foundation's each activity.	culations ) the Accomplis h income is repor	hment of Exempleted in column (e) of	pt Purposes	3uted importantly to	492,180
Subtotal Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calcart XVI-B  Relationship of Activities to t  Explain below how each activity for which the accomplishment of the foundation's each activity.	culations ) the Accomplis h income is repor	hment of Exempleted in column (e) of	pt Purposes	3uted importantly to	

orm 99	90-PF (2	2017)							Pa	ge <b>13</b>
Part	XVII	Information Re Exempt Organi		ansfers To	and Transactio	ns and Relatio	nships With Noncha	ritable		
		janization directly or in Code (other than sectio					on described in section 50 organizations?	1	Yes	No
a Trai	nsfers f	rom the reporting foun	dation to a no	oncharitable ex	empt organization	of				
(1)	Cash.							1a(1)		No
(2)	Other	assets						1a(2)		No
<b>b</b> Oth	er trans	sactions								
(1)	Sales	of assets to a nonchar	itable exempt	organization.				1b(1)		No
(2)	Purch	ases of assets from a r	oncharitable	exempt organi	zation			1b(2)		No
(3)	Renta	l of facilities, equipmer	nt, or other as	ssets				1b(3)		No
(4)	Reimb	oursement arrangemen	ts					1b(4)		No
(5)	Loans	or loan guarantees.						1b(5)		No
٠,,		mance of services or m	•	<del>-</del>				1b(6)		No
	-	facilities, equipment, n					ways show the fair marks	1c		No
of t	he good ny tran	ls, other assets, or ser	vices given by ngement, sho	the reporting ow in column (	foundation If the	foundation receive goods, other asse	ed less than fair market vets, or services received transfers, transactions, and s	alue	ingemer	nts
	_									
des	cribed i	dation directly or indire n section 501(c) of the implete the following si (a) Name of organizatio	Code (other	than section 50		tion 527?		Yes	✓	No
Sign	of m		, it is true, co				ing schedules and statem than taxpayer) is based	on all info	rmatioi	n of
Here	-	***** Signature of officer or t	rustee		2018-10-27 Date	<b>\rightarrow</b> \biggreen \biggr	ret wit bel		ırer shov	wn
		T			<del></del>	T	(se	e instr )?	<b>⊻</b> Yes	⊔ No
Paid		Print/Type preparer's  ALPA PATEL	name	Preparer's Sig	nature	Date 2018-10-27	Check if self- employed ▶ □	P00358	8477	
Prep	arer	Firm's name ▶ DIXC	N HUGHES G	GOODMAN LLP			Firm's	= FIN ▶56	-07479	

**Use Only** Firm's address ▶ 191 PEACHTREE STREET NE SUITE 2700 Phone no (404) 575-8900 ATLANTA, GA 30303

Form **990-PF** (2017)

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e g , real estate, (d) (b) (c) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) How acquired Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation AFLAC COMMON STOCK 2010-12-15 2017-01-04 AFLAC COMMON STOCK 2010-12-15 2017-10-23 AFLAC COMMON STOCK 2010-12-15 2017-11-06 AFLAC COMMON STOCK 2012-09-10 2017-12-05 AFLAC COMMON STOCK 2013-11-01 2017-12-05 Ρ GOLDMAN SACHS GROUP 2015-10-27 2017-06-16 AFLAC PUTS/CALLS 2017-01-01 2017-12-31 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h Depreciation allowed Gain or (loss) (e) Gross sales price Cost or other basis (g) plus expense of sale (f) (or allowable) (h) (e) plus (f) minus (g) 42.010 5.367 36,643 226,769 24,154 202,615 232,185 189,584 42.601 221,240 121,152 100.088 379.193 281,623 97,570 290,820 250,000 40,820 514.882 -514,882 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or Excess of col (1) (i) F M V as of 12/31/69 Adjusted basis **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any 36,643 202,615 42,601 100.088 97,570 40,820 -514,882

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

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

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a Paid during the year				
ALZHEIMERS ASSOCIATION 5156 RIVER ROAD COLUMBUS, GA 31904	N/A	501 (C)(3)	MEDICAL RESEARCH	43,260

,				
AMELIA ISLAND BOOK FESTIVAL	N/A	501 (C)(3)	EDUCATIONAL PURPOSES	
PO BOX 15286				1
FERNANDINA BEACH, FL 32035				

D BOX 15286 RNANDINA BEACH, FL 32035		001 (0)(0)		
WAKENING FOUNDATION	N/A	501 (C)(3)	EDUCATIONAL PURPOSES	

FERNANDINA BEACH, FL 32035				
AWAKENING FOUNDATION PO BOX 19177	N/A	501 (C)(3)	EDUCATIONAL PURPOSES	10,000
ATI ANTA CA 34436	1			1

· · · · · · · · · · · · · · · · · · ·				1
AWAKENING FOUNDATION	N/A	501 (C)(3)	EDUCATIONAL PURPOSES	1
PO BOX 19177				
ATLANTA, GA 31126				

	AWAKENING FOUNDATION	N/A	501 (C)(3)	EDUCATIONAL PURPOSES	i
	PO BOX 19177				l
	ATLANTA, GA 31126				
1					

ATLANTA, GA 31126		
Total	 	 1.065.296

12,630

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				
BAG LADY FOUNDATION 2391 DOWNING AVENUE SAVANNAH, GA 31404	N/A	501 (C)(3)	HUMANITARIAN PURPOSES	5,000

SAVANNAH, GA 31404				
BEYOND WORDS MINISTRIES PO BOX 1729 BRENTWOOD, TN 37024	N/A	501 (C)(3)	RELIGOUS PURPOSES	3,000
BIG HOUSE FOUNDATION	N/A	501 (C)(3)	EDUCATIONAL PURPOSES	25,000

PO BOX 1729 BRENTWOOD, TN 37024	,			
BIG HOUSE FOUNDATION	N/A	501 (C)(3)	EDUCATIONAL PURPOSES	

BRENTWOOD, TN 37024				
BIG HOUSE FOUNDATION 2321 VINEVILLE AVENUE	N/A	501 (C)(3)	EDUCATIONAL PURPOSES	
MACON CA 34300			l	

IG HOUSE FOUNDATION 321 VINEVILLE AVENUE	N/A	501 (C)(3)	EDUCATIONAL PURPOSES	
ACON, GA 31208				

BIG HOUSE FOUNDATION	N/A	501 (C)(3)	EDUCATIONAL PURPOSES	
2321 VINEVILLE AVENUE				
MACON, GA 31208				

BIG HOUSE FOUNDATION	N/A	DOT (C)(2)	EDUCATIONAL PURPUSES	
2321 VINEVILLE AVENUE				
MACON, GA 31208				

MACON, GA 31208		
Total	 	 1,065,296

	1	
Total		 1,065,296

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

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

BROOKSTONE SCHOOL 440 BRADLEY PARK DRIVE COLUMBUS, GA 31904	N/A	501 (C)(3)	EDUCATIONAL PURPOSES	20,000
CAT ANGELSPO BOX 16072	N/A	501 (C)(3)	ANIMAL CARE & SHELTER	2,500

CAT ANGELSPO BOX 16072 FERNADINA BEACH, FL 32035	N/A	501 (C)(3)	ANIMAL CARE & SHELTER	2,500
CENTRE CONGREGATIONAL HOLINESS CHURCH 3888 FAYETTEVILLE HIGHWAY	N/A	501 (C)(3)	RELIGIOUS PURPOSES	1,000

·				
CENTRE CONGREGATIONAL HOLINESS CHURCH	N/A	501 (C)(3)	RELIGIOUS PURPOSES	1,0
3888 FAYETTEVILLE HIGHWAY GRIFFIN, GA 30223				

CENTRE CONGREGATIONAL HOLINESS	N/A	501 (C)(3)	RELIGIOUS PURPOSES	1,0
CHURCH				
3888 FAYETTEVILLE HIGHWAY				
GRIFFIN, GA 30223				

Total . 1,065,296 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Foundation Purpose of grant or Recipient If recipient is an individual, 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 CHATTAHOOCHEE COUNCIL BOY N/A 501 (C)(3) **HUMANITARIAN PURPOSES** 20,000 SCOUTS OF AMERICA 1237 FIRST AVENUE

501 (C)(3)

501 (C)(3)

HEMEDICAL RESEARCH

**HUMANITARIAN PURPOSES** 

PURPOSES

10,000

13,056

1,065,296

COLUMBUS, GA 31901

ATLANTA, GA 30329

COLUMBUS, GA 31909

Total .

За

CHILDREN'S HEALTH CARE OF ATLANTA

COLUMBUS HOSPICE7020 MOON ROAD

1577 NORTHEAST EXPRESSWAY

N/A

N/A

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 Tala daring the year				
COLUMBUS REGIONAL HEALTH FOUNDATION 707 CENTER STREET COLUMBUS, GA 31901	N/A	501 (C)(3)	MEDICAL PURPOSES	

a Paid during the year

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

COLUMBUS, GA 31901				
COMMUNITY FOUNDATION 1340 13TH STREET COLUMBUS, GA 31901	N/A	501 (C)(3)	EDUCATIONAL PURPOSES	24,500
CONSERVATIVE PARTNERSHIP	N/A	501 (C)(3)	EDUCATIONAL PURPOSES	50,000

500

COLUMBUS, GA 31901				
CONSERVATIVE PARTNERSHIP INSTITUTE 611 PENNSYLVANIA AVE STE 407 WASHINGTON DC, DC 20003	N/A	501 (C)(3)	EDUCATIONAL PURPOSES	50,00

CONSERVATIVE PARTNERSHIP INSTITUTE 611 PENNSYLVANIA AVE STE 407 WASHINGTON DC, DC 20003	N/A	501 (C)(3)	EDUCATIONAL PURPOSES	

1,065,296 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

- ·				
FEDERICA BAPTIST CHURCH 1700 FREDERICA RD STE 300 ST SIMONS ISLAND, GA 31522	N/A	501 (C)(3)	RELIGIOUS PURPOSES	2,000
FELLOWSHIP OF CHRISTIAN ATHLETES 533 ROBERTS QUARTERS ROAD	N/A	501 (C)(3)	EDUCATIONAL PURPOSES	5,000

FELLOWSHIP OF CHRISTIAN ATHLETES 533 ROBERTS QUARTERS ROAD CONCORD, GA 30206	N/A	501 (C)(3)	EDUCATIONAL PURPOSES	5,0
FIRST PRESBYTERIAN DAY SCHOOL	N/A	501 (C)(3)	EDUCATIONAL PURPOSES	60,0

CONCORD, GA 30206				
FIRST PRESBYTERIAN DAY SCHOOL	N/A	501 (C)(3)	EDUCATIONAL PURPOSES	60,
5671 CALVIN DRIVE				
MACON GA 31210				i

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N/A	501 (C)(3)	EDUCATIONAL PURPOSES	60,0
	N/A	N/A 501 (C)(3)	N/A 501 (C)(3) EDUCATIONAL PURPOSES

Total				1,065,296
FIRST PRESBYTERIAN DAY SCHOOL 5671 CALVIN DRIVE MACON, GA 31210	N/A	501 (C)(3)	EDUCATIONAL PURPOSES	60,000

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)

5,000

a Paid during the year				
FUND FOR AMERICAN STUDIES 1706 NEW HAMPSHIRE AVE NW WASHINGTON. DC. 20009	N/A	501 (C)(3)	EDUCATIONAL PURPOSES	

or substantial contributor

3a

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

TIMETINGTON, DC 20003				
FURMAN3300 POINSETT HIGHWAY GREENVILLE, SC 29613	N/A	501 (C)(3)	EDUCATIONAL PURPOSES	

FURMAN3300 POINSETT HIGHWAY GREENVILLE, SC 29613	N/A	501 (C)(3)	EDUCATIONAL PURPOSES	25,000
GEORGIA MILITARY COLLEGE	N/A	501 (C)(3)	EDUCATIONAL PURPOSES	5,000

GEORGIA MILITARY COLLEGE	N/A	501 (C)(3)	EDUCATIONAL PURPOSES	
201 EAST GREENE STREET				
MILLEDGEVILLE, GA 31061				

201 EAST GREENE STREET MILLEDGEVILLE, GA 31061	IN/A	301 (0)(3)	EDUCATIONAL PURPOSES	

201 EAST GREENE STREET MILLEDGEVILLE, GA 31061			
		_	ı

MILLEDGEVILLE, GA 31061		
Total	 	 1,065,296

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, 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 GIRLS INC OF COLUMBUSPO BOX 3096 N/A 501 (C)(3) **EDUCATIONAL PURPOSES** 1.000 COLUMBUS, GA 31903

HERITAGE FOUNDATION 214 MASSACHUSETTS AVE NE WASHINGTON, DC 20002	N/A	501 (C)(3)	EDUCATIONAL PURPOSES	100,000
JAYS HOPE1157-B FORSYTH STREET MACON, GA 31201	N/A	501 (C)(3)	EDUCATIONAL PURPOSES	500

Total . 3a 1,065,296

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, 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 JOEL OSTEEN MINISTRIESPO BOX 4600 N/A 501 (C)(3) **EDUCATIONAL PURPOSES** 5,000 HOUSTON, TX 77210

<u>'</u>				
JONATHAN'S PLAN 6065 DUCK CREEK DR GARLAND, TX 75043	N/A	501 (C)(3)	HUMANITARIAN PURPOSES	5,000
JUNIOR LEAGUE1240 WYNNTON ROAD	N/A	501 (C)(3)	HUMANITARIAN PURPOSES	1,000

Total				1.065.296
JUNIOR LEAGUE1240 WYNNTON ROAD COLUMBUS, GA 31906	N/A	501 (C)(3)	HUMANITARIAN PURPOSES	1,000
GARLAND, TX 75043				

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, 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 MACON MUSEUM OF ARTS AND N/A 501 (C)(3) **EDUCATIONAL PURPOSES** 1.000 SCIENCES 4182 FORSYTH ROAD

MACON, GA 31210				
MACON RESCUE MISSION 3375 NAPIER AVE MACON, GA 31204	N/A	501 (C)(3)	HUMANITARIAN PURPOSES	25,000
MACON VOLUNTEER CLINIC	N/A	501 (C)(3)	HUMANITARIAN PURPOSES	5,000

3375 NAPIER AVE MACON, GA 31204				
MACON VOLUNTEER CLINIC 376 ROGERS AVENUE	N/A	501 (C)(3)	HUMANITARIAN PURPOSES	į

MACON, GA 31204				
MACON VOLUNTEER CLINIC 376 ROGERS AVENUE MACON, GA 31204	N/A	501 (C)(3)	HUMANITARIAN PURPOSES	

MACON VOLUNTEER CLINIC 376 ROGERS AVENUE	N/A	501 (C)(3)	HUMANITARIAN PURPOSES	
MACON, GA 31204				l

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376 ROGERS AVENUE MACON, GA 31204			
THEOR TOLONTELN CLINIC	114773	11011/1111/1111/11111/1111100	

MACON, GA 31204		
Total	 	 1,065,296

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

MAYO CLINIC4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	N/A	501 (C)(3)	MEDICAL & HUMANITARIAN PURPOSES	50,000
MERCER UNIVERSITY 1400 COLEMAN AVE	N/A	501 (C)(3)	EDUCATIONAL PURPOSES	115,000

MERCER UNIVERSITY 1400 COLEMAN AVE MACON, GA 31207	N/A	501 (C)(3)	EDUCATIONAL PURPOSES	115,000
MICAH'S PLACEPO BOX 16287 FERNADINA BEACH, FL 32035	N/A	501 (C)(3)	HUMANITARIAN PURPOSES	10,000

	•	•	_	4 045 004
MICAH'S PLACEPO BOX 16287 FERNADINA BEACH, FL 32035	N/A	501 (C)(3)	HUMANITARIAN PURPOSES	10,000
MACON, GA 31207				

Total			•	1 065 296
FERNADINA BEACH, FL 32035		301 (0)(3)	HOHANITANIAN FOR OSES	10,0
MICAH'S PLACEPO BOX 16287	l N/A	1501(C)(3)	HUMANITARIAN PURPOSES	i 10 (

FERNADINA BEACH, FL 32035		
Total	 	1,065,296

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

MIDDLE GEORGIA COMMUNITY FOOD BANK 4490 OCMULGEE E BLVD MACON, GA 31217	N/A	501 (C)(3)	HUMANITARIAN PURPOSES	500
MOTOR SPORTS MINISTRIES	N/A	501 (C)(3)	RELIGIOUS PURPOSES	6,000

	1			
MOTOR SPORTS MINISTRIES PO BOX 7188 SANTA ROSA, CA 95407	N/A	501 (C)(3)	RELIGIOUS PURPOSES	6,000
MURPHY HARPST740 FLETCHER STREET	N/A	501 (C)(3)	HUMANITARIAN PURPOSES	5,000

SANTA ROSA, CA 95407				
MURPHY HARPST740 FLETCHER STREET CEDARTOWN, GA 30125	N/A	501 (C)(3)	HUMANITARIAN PURPOSES	5,

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SANTA ROSA, CA 95407				
MURPHY HARPST740 FLETCHER STREET CEDARTOWN, GA 30125	N/A	501 (C)(3)	HUMANITARIAN PURPOSES	5,00

MURPHY HARPST740 FLETCHER STREET CEDARTOWN, GA 30125	N/A	501 (C)(3)	HUMANITARIAN PURPOSES	5,000
Total				1,065,296

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)

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

or substantial contributor

3a

a Paid during the year				
NASSAU COUNCIL ON AGING 1367 S 18TH STREET FERNADINA BEACH, FL 32034	N/A	501 (C)(3)	HUMANITARIAN PURPOSES	2,500

2,500

NASSAU HUMANE SOCIETY 639 AIRPORT RD FERNADINA BEACH, FL 32034	N/A	501 (C)(3)	HUMANITARIAN PURPOSES	

FERNADINA BEACH, FL 32034				
NAVICENT HEALTH FDN858 HIGH ST	N/A	501 (C)(3)	MEDICAL RESEARCH	50,000

NAVICENT HEALTH FDN858 HIGH ST M/A 501 (C)(3) MEDICAL RESEARCH 50, MACON, GA 31201

NAVICENT HEALTH FDN858 HIGH ST MACON, GA 31201	N/A	501 (C)(3)	MEDICAL RESEARCH	50,0
Total				1,065,296

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

3 /				
NAVY SEALS FOUNDATION 1619 D STREET BLDG 5326 VIRGINIA BEACH, VA 23459	N/A	501 (C)(3)	HUMANITARIAN PURPOSES	2,500
PASTORAL INSTITUTE2022 15TH AVE	N/A	501 (C)(3)	RELIGOUS PURPOSES	750

PASTORAL INSTITUTE2022 15TH AVE COLUMBUS, GA 31901	N/A	501 (C)(3)	RELIGOUS PURPOSES	750
PAWSPO BOX 1037 LYNNWOOD, WA 98046	N/A	501 (C)(3)	ANIMAL CARE & SHELTER	1,000

COLUMBUS, GA 31901				
PAWSPO BOX 1037 LYNNWOOD, WA 98046	N/A	501 (C)(3)	ANIMAL CARE & SHELTER	1,000
Total				1,065,296

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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 DEEODMED LINIT/JEDSTTV EELLOW/SHID I NI/A 501 (C)(3) EDUCATIONAL DUDDOSES 1 200

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

PO BOX 890004 CHARLOTTE, NC 28289	IN/A	301 (0)(3)	EDUCATIONAL PORPOSES	1,200
RESCUING ANIMALS IN NASSAU COUNTY PO BOX 587	N/A	501 (C)(3)	HUMANITARIAN PURPOSES	10,000

RESCUING ANIMALS IN NASSAU COUNTY PO BOX 587 CALLAHAN, FL 32011	N/A	501 (C)(3)	HUMANITARIAN PURPOSES	10,000
ST LUKE UNITED METHODIST CHURCH 1104 SECOND AVENUE COLUMBUS, GA 31901	N/A	501 (C)(3)	RELIGIOUS & HUMANITARIAN PURPOSES	240,100

CALLAHAN, FL 32011				
ST LUKE UNITED METHODIST CHURCH 1104 SECOND AVENUE COLUMBUS, GA 31901	N/A	501 (C)(3)	RELIGIOUS & HUMANITARIAN PURPOSES	240,100
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ST LUKE UNITED METHODIST CHURCH 1104 SECOND AVENUE COLUMBUS, GA 31901	N/A	501 (C)(3)	RELIGIOUS & HUMANITARIAN PURPOSES	240,10

Total				1,065,296	
104 SECOND AVENUE COLUMBUS, GA 31901			PURPOSES		
ST LUKE UNITED METHODIST CHURCH	N/A	[501 (C)(3)	RELIGIOUS & HUMANITARIAN	[ 240,	

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution

any foundation manager

Name and address (home or business)

COLUMBUS, GA 31906

Total . 3a

, ,	or substantial contributor			
a Paid during the year				
THE ALS ASSOCIATION - GEORGIA CHAPTER 5881 GLENRIDGE DR ATLANTA, GA 30328	N/A	501 (C)(3)	EDUCATIONAL PURPOSES	5,000
THE TONI HOUSE1410 N TONOPAH DR LAS VEGAS, NV 89106	N/A	501 (C)(3)	HUMANITARIAN PURPOSES	2,000

recipient

1,065,296

5881 GLENRIDGE DR ATLANTA, GA 30328				
THE TONI HOUSE1410 N TONOPAH DR LAS VEGAS, NV 89106	N/A	501 (C)(3)	HUMANITARIAN PURPOSES	2,000
THE TRUTHPO BOX 5657	N/A	501 (C)(3)	RELIGIOUS PURPOSES	8,300

Recipient Foundation Purpose of grant or Amount If recipient is an individual, 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

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

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UNION CONGREGATIONAL METHODIST CHURCH 164 WES SMITHY DRIVE PIEDMONT, AL 36272	N/A	501 (C)(3)	RELIGIOUS PURPOSES	4,000
<u> </u>				

US CONSTITUATION SCHOLARSHIP FOUNDATION	N/A	501 (C)(3)	EDUCATIONAL PURPOSES	55,000
1417 SADLER ROAD BOX 216 FERNADINA BEACH, FL 32034				

1417 SADLER ROAD BOX 216 FERNADINA BEACH, FL 32034				
YOUNG LIFE1137 LOCKWOOD AVE COLUMBUS, GA 31906	N/A	501 (C)(3)	HUMANITARIAN PURPOSES	8,000

FERNADINA BEACH, FL 32034				
YOUNG LIFE1137 LOCKWOOD AVE COLUMBUS, GA 31906	N/A	501 (C)(3)	HUMANITARIAN PURPOSES	8,00
				(

YOUNG LIFE1137 LOCKWOOD AVE COLUMBUS, GA 31906	N/A	501 (C)(3)	HUMANITARIAN PURPOSES	8,0
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1,065,296

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TY 2017 Accounting Fees Schedule					
	Name:	WL AMOS	S SR FOUNDATION	INC	
		C/O WILI	LIAM L AMOS JR MI		
	EIN:	58-2399	470		
Accounting Fees Schedule					
Category	Ame	ount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES		9,075	9,075		0

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TY 2017 Investments Corpora	te Stock Sche	dule	_
i i zozy zmożenienie corpora			
Name:	WL AMOS SR FOL	JNDATION INC	
	C/O WILLIAM L A	MOS JR MD	

29,104,331

14,108,982

<b>EIN:</b> 58-2399470		
Name of Stock	End of Year Book Value	End of Year Fair Market Value

AFLAC STOCK

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TY 2017 Investments - Other	Schedule		
Name:	WL AMOS SR FOUNDATION	I INC	
	C/O WILLIAM L AMOS JR M	ID .	
EIN:	58-2399470		
nvestments Other Schedule 2			

## Category/ Item Listed at Cost or **Book Value** End of Year Fair **FMV** Market Value OTHER INVESTMENTS **FMV** 385,946 147,980

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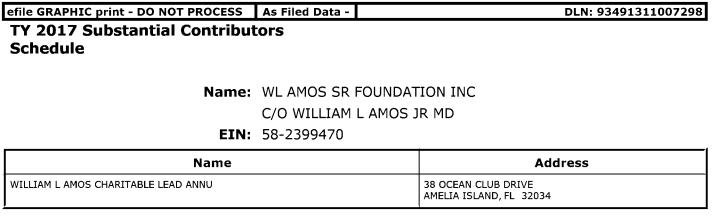
## TY 2017 Other Income Schedule

Name: WL AMOS SR FOUNDATION INC

C/O WILLIAM L AMOS JR MD

**EIN:** 58-2399470

Other Income Schedule						
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income			
INVESTMENT INCOME FROM ALPHAKEYS	-5,955	-5,955	-5,955			
INVESTMENT INCOME FROM ALPHAKEYS	-1,463		-1,463			
INVESTMENT INCOME FROM ALTARIS	-2,110	-2,110	-2,110			
INVESTMENT INCOME FROM ALTARIS	744		744			



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TY 2017 Taxes Schedule				_
Name	: WL AMOS S	R FOUNDATION IN	IC	
	C/O WILLIA	M L AMOS JR MD		
EIN	: 58-2399470	)		
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL TAXES	25,000	0		0

efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -				DLN: 93491311007298	
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	► Information a	ibout Schedule B (F	o Form 990, 990-EZ, or 990 Form 990, 990-EZ, or 990-F <u>ww <i>ı</i>rs <i>gov/form</i>990</u>		ons is at	2017	
Name of the organizatio WL AMOS SR FOUNDATION					Employer id	lentification number	
C/O WILLIAM L AMOS JR M Organization type (chec					58-2399470		
Organization type (chec	K One)						
Filers of:	Section:						
Form 990 or 990-EZ	n 990 or 990-EZ						
	4947(a)(	1) nonexempt char	ritable trust <b>not</b> treated a	s a private founda	tion		
	☐ 527 politi	cal organization					
Form 990-PF	<b>✓</b> 501(c)(3)	exempt private fo	undation				
	4947(a)(	1) nonexempt char	ritable trust treated as a p	private foundation			
	☐ 501(c)(3)	taxable private fo	undation				
			PF that received, during somplete Parts I and II S				
Special Rules							
under sections 50 received from any	9(a)(1) and 170(b) one contributor, d	(1)(A)(vi), that che uring the year, tota	g Form 990 or 990-EZ th cked Schedule A (Form al contributions of the gre plete Parts I and II	990 or 990-EZ), P	art II, line 13,	16a, or 16b, and that	
during the year, to	otal contributions of	f more than \$1,000	or (10) filing Form 990 of the control of the contr	s, charitable, scient			
during the year, co If this box is check purpose Don't co	ontributions <i>exclus</i> ked, enter here the mplete any of the p	eively for religious, total contributions parts unless the <b>G</b> o	or (10) filing Form 990 of charitable, etc., purpose is that were received during eneral Rule applies to the or more during the year	s, but no such con ng the year for an nis organization be	itributions tota exclusively re cause it recei	aled more than \$1,000 eligious, charitable, etc , ived <i>nonexclusively</i>	
Caution. An organization 990-EZ, or 990-PF), but if Form 990-EZ or on its Fo 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 Actor Form 990, 990-EZ, or 990-		ructions	Cat No 30613X	Schedu	ıle B (Form 990	, 990-EZ, or 990-PF) (2017)	

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Page 2 Name of organization **Employer identification number** WL AMOS SR FOUNDATION INC 58-2399470 C/O WILLIAM L AMOS JR MD Part I Contributors (See instructions) Use duplicate copies of Part I if additional space is needed (a) (d) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 WILLIAM L AMOS CHARITABLE LEAD ANNUITY TRUST Person **Payroll** 38 OCEAN CLUB DRIVE \$ 562,760 Noncash FERNANDINA BEACH, FL32034 (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (b) (a) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (c) (d) (a) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person **Payroll** \$ Noncash (Complete Part II for noncash contributions)

Schedule B (Form	990, 990-EZ, or 990-PF) (2017)		Page <b>4</b>
Name of organizat WL AMOS SR FOUND C/O WILLIAM L AMO	DATION INC		Employer identification number 58-2399470
than \$1, organiz the year	000 for the year from any one contributor	r. Complete columns (a) thro of exclusively religious, chari 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) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 F	Relationship of transferor to transferee
(2)			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	t Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
			schedule B (Form 990, 990-EZ, or 990-PF) (2017)