Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public. 2017

For calendar year 2017 or tax year beginning	irs.gov/Form990PF for instr	, and ending	Orniauori.	Open to Public Inspection
Name of foundation			A Employer identificatio	n number
DEUPREE FAMILY FOUNDATION	(2155000180)			
REGIONS BANK, TRUSTEE			62-6334424	4
Number and street (or P O box number if mail is not delivered to street	t address)	Room/suite	<b>B</b> Telephone number	
6200 POPLAR AVENUE			901-580-5	700
City or town, state or province, country, and ZIP or foreign	postal code		C If exemption application is	pending, check here
MEMPHIS, TN 38119		· · · · · · · · · · · · · · · · · · ·	_	
G Check all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organization	ns, check here 🕨 🗔
Final return	Amended return			
Address change	Name change		Foreign organizations m check here and attach or	computation
H Check type of organization: X Section 501(c)(3) e	xempt private foundation	$\alpha$	E If private foundation st	atus was terminated
Section 4947(a)(1) nonexempt charitable trust	Other taxable private founda	$\theta \Psi$	under section 507(b)(1	I)(A), check here 🕨 🗔
I Fair market value of all assets at end of year   J Account	ing method: X Cash	Accrual	F If the foundation is in a	60-month termination
(from Part II, col. (c), line 16)	ther (specify)		under section 507(b)(1	
▶\$ 6,158,554. (Part I, colu	mn (d) must be on cash basis	s.) <sup>1</sup>		
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
necessarily equal the amounts in column (a) )	expenses per books	income	income	(cash basis only)
1 Contributions, gifts, grants, etc., received	43,594.		N/A	
2 Check Inf the foundation is not required to attach Sch. B				
3 Interest on savings and temporary cash investments				<u> </u>
4 Dividends and interest from securities	57,703.	57,703.	1.00	STATEMENT 1
5a Gross rents				<u> </u>
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10	34,668.			
b Gross sales price for all assets on line 6a 297,278.				
b Gross sales price for all assets on line 6a 297,278.  7 Capital gain net income (from Part IV, line 2)		34,668.		
8 Net Short-term capital gain	-			
9 Income modifications 10a Gross sales less returns and allowances				
10a Gross sales less returns and allowances	13/			
b Less Cost of goods sold	101			
c Gross profit or (loss)				
1881				
12 Total. Add lines 1 through 1.1	135,965.	92,371.		
13 Compensation of officers, directors, disters, etc	14,523.	7,261.		7,262.
14 Other employee salaries and wages				
15 Pension plans, employee benefits				<del>  -</del>
16a Legal fees	1 004	4 004		
b Accounting fees STMT 2 c Other professional fees STMT 3	1,231.	1,231.		0.
	7,820.	7,820.	·	0.
17 Interest	F 0 0		-	<del> </del>
18 Taxes STMT 4	509.	509.	<u> </u>	0.
19 Depreciation and depletion			<u> </u>	<del>                                     </del>
20 Occupancy	22 041	11 401		11 400
17 Interest 18 Taxes STMT 4 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications	22,841.	11,421.		11,420.
22 Printing and publications	350	350	<del> </del>	<u> </u>
23 Other expenses STMT 5	350.	350.		0.
23 Other expenses STMT 5 24 Total operating and administrative expenses. Add lines 13 through 23	45 054	00 500		10 600
expenses. Add lines 13 through 23	47,274.	28,592.		18,682
25 Contributions, giπs, grants paid	283,600.	· · · · · · · · · · · · · · · · · · ·		283,600.
26 Total expenses and disbursements.	222 254	20 500		200 000
Add lines 24 and 25	330,874.	28,592.		302,282.
27 Subtract line 26 from line 12:				
8 Excess of revenue over expenses and dishursements	-194.909		1	1

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions.

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b Net investment income (if negative, enter -0-)

C Adjusted net income (if negative, enter -0-)

63,779

N/A

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62-6334424

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Part II Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	year
Column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1 Cash - non-interest-bearing			
2 Savings and temporary cash investments			<u> </u>
3 Accounts receivable ▶			
Less; allowance for doubtful accounts ▶			
4 Diadree recoveries			
Less: allowance for doubtful accounts			
_ <del></del>			
5 Grants receivable	<del></del>		
6 Receivables due from officers, directors, trustees, and other	į		
disqualified persons			
7 Other notes and loans receivable			
Less; allowance for doubtful accounts			<u>.</u> .
8 Inventories for sale or use			<del>.</del>
Inventories for sale or use     Prepaid expenses and deferred charges    10a   Investments   U.S. and state government obligations			
10a Investments - U.S. and state government obligations			
b Investments - corporate stock STMT 7	2,624,906.	2,408,970.	6,158,55
c Investments - corporate bonds			
11 Investments - land, buildings, and equipment basis			
Less accumulated depreciation			
12 Investments - mortgage loans	<del></del>		<del></del>
13 Investments - other			<del></del>
1 · · · · · · · · · · · · · · · · · · ·	———— <del>—</del>		
14 Land, buildings, and equipment; basis			
Less accumulated depreciation	<del></del>	<del></del>	<del>-</del>
15 Other assets (describe ▶)			<del></del>
16 Total assets (to be completed by all filers - see the	0.504.005	0 400 000	6 450 55
instructions. Also, see page 1, item I)	2,624,906.	2,408,970.	6,158,55
17 Accounts payable and accrued expenses			
18 Grants payable			
19 Deferred revenue	<u> </u>		
20 Loans from officers, directors, trustees, and other disqualified persons			
21 Mortgages and other notes payable			
22 Other liabilities (describe >)			
23 Total liabilities (add lines 17 through 22)	0.	0.	
Foundations that follow SFAS 117, check here			
and complete lines 24 through 26, and lines 30 and 31.			
24 Unrestricted			
25 Temporarily restricted	· · · · · · · · · · · · · · · · · · ·		
26 Permanently restricted			
Foundations that do not follow SFAS 117, check here			
· · · · · · · · · · · · · · · · · · ·			
and complete lines 27 through 31.	2 756 406	2 756 406	
27 Capital stock, trust principal, or current funds	2,756,496.	2,756,496.	
28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
29 Retained earnings, accumulated income, endowment, or other funds	-131,590.	-347,526.	
30 Total net assets or fund balances	2,624,906.	2,408,970.	
31 Total liabilities and net assets/fund balances	2,624,906.	2,408,970.	
art III Analysis of Changes in Net Assets or Fund Bal	lances		
Total net assets or fund balances at beginning of year - Part II, column (a), line 30	)		
(must agree with end-of-year figure reported on prior year's return)		11	2,624,90
Enter amount from Part I, line 27a		2	-194,90
Other increases not included in line 2 (itemize)		3	131/30
Add lines 1, 2, and 3		4	2,429,99
Decreases not included in line 2 (itemize)	SEE STA	<del></del>	21,02
Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, colu		1EMENI 0 5	2,408,970
Total not assets of June balances at the of year time 4 millus line 3) - Fart II, Colu	mir (n), inic 30		Form <b>990-PF</b> (20

Form 990-PF (2017), REG	IPREE FAMILY FOUNTIONS BANK, TRUST and Losses for Tax on	STEE		(0180) ————		62-633	34424 Page 3
(a) List and describe 2-story brick w	c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)					
1a		†					
b SEE ATTACHED							
<u>c</u>				<del>                                     </del>			
<u>d</u> e	<del></del>		-		-		<del> </del>
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale		(	(h) Gain or (los (e) plus (f) minus	
_a							
<u>b</u>							
<u>C</u>		<del> </del>	<del></del>		_		<del></del>
d 297,278.			262 61			<del></del>	24 660
	l ng gain in column (h) and owned	lhv the foundation	262,61	.0 .	(I) G	Gains (Col. (h) gai	34,668.
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) E>	cess of col. (1)		col. (l	(), but not less the Losses (from col.	an -0-) <b>or</b>
<u>a</u> b							
<u>c</u>							
<u>d</u>							24 550
<u>e</u>	l			<del></del>			34,668.
2 Capital gain net income or (net ca	•	nter in Part I, line -0- in Part I, line	7 7	} 2			34,668.
3 Net short-term capital gain or (losif gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8	column (c).	and (6):		}   3		N/ <i>I</i>	<b>.</b>
Part V Qualification U	Inder Section 4940(e) f	or Reduced	Tax on Net	Investmen	t Inco	me	<u> </u>
(For optional use by domestic private	e foundations subject to the section	on 4940(a) tax or	net investment in	icome.)			•
If section 4940(d)(2) applies, leave ti	his part blank.						
Was the foundation liable for the sec If "Yes," the foundation doesn't qualif	tion 4942 tax on the distributable		•	od?			Yes X No
	each column for each year; see th			ntries.			
(a) Base period years Calendar year (or tax year beginni	(b)			(c) ncharitable-use	assets	Distri (col. (b) di	(d) bution ratio vided by col. (c))
2016	<del></del>	265,726.		4,825,	306.	(- (-)	.055069
2015	2	33,712.		4,516,			.051750
2014		73,510.		4,289,			.063761
2013		79,535.	<del></del>	3,213,			.055866
2012	1	67,209.	<u> </u>	2,498,	878.	<del></del>	.066914
2 Total of line 1, column (d)	Curry have round duilds the test	al an line O by F	0			2	.293360
3 Average distribution ratio for the the foundation has been in existe		ai on line 2 by 5.	o, or by the numbe	er of years		3	.058672
4 Enter the net value of noncharitat	ple-use assets for 2017 from Part	X, line 5				4	5,538,633.
5 Multiply line 4 by line 3						5	324,963.
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)				į	6	638.
7 Add lines 5 and 6						7	325,601.
8 Enter qualifying distributions from	n Part XII, line 4					8	302,282.

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If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

DEUPREE FAMILY FOUNDATION (2155000180) Form 990-PF (2017) REGIONS BANK TRUSTEE 62-6334424 Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions) 1a Exempt operating foundations described in section 4940(d)(2), check here \( \bigcup \) and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 
and enter 1% 1,276. of Part I, line 27b c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b). 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 3 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-Credits/Payments: a 2017 estimated tax payments and 2016 overpayment credited to 2017 **b** Exempt foreign organizations - tax withheld at source 6b 0. 0. c Tax paid with application for extension of time to file (Form 8868) 6c 0. d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here \_\_\_\_\_ if Form 2220 is attached 8 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 11 Enter the amount of line 10 to be: Credited to 2018 estimated tax 11 Part VII-A Statements Regarding Activities Yes No 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in X any political campaign? 1a X b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 1b If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. X c Did the foundation file Form 1120-POL for this year? 1c d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. > \$ 0 • (2) On foundation managers. ▶ \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ 0. X 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 2 If "Yes," attach a detailed description of the activities. 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes X X 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a N/A b If "Yes," has it filed a tax return on Form 990-T for this year? 4b X 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? X X 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV

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8b

10

8a Enter the states to which the foundation reports or with which it is registered. See instructions.

year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV

of each state as required by General Instruction G? If "No," attach explanation

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar

Page 5

Pa	art VII-A   Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement. See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ▶ REGIONS BANK, TRUST DEPT. Telephone no. ▶ 901-58	0-5	700	
	Located at ► 6200 POPLAR AVENUE, MEMPHIS, TN ZIP+4 ►38			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		<b></b>	
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16			Yes	No
	securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country	l	1	
Pa	art VII-B   Statements Regarding Activities for Which Form 4720 May Be Required			
_	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1:	a During the year, did the foundation (either directly or indirectly):			
-	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	]		
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		}	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	If the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)	i l		
,	o If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations	1 1		
•	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions  N/A	16	1	
	Organizations relying on a current notice regarding disaster assistance, check here	10		
,	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
٠	before the first day of the tax year beginning in 2017?	1c	Į	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	16		
2	defined in section 4942(j)(3) or 4942(j)(5)):			
•	a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning		Ì	
•	before 2017?			
			İ	
	If "Yes," list the years \( \bigsim			
•	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach	}	{	
	statement - see instructions.)  N/A	2b		
,	: If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.	20	$\dashv$	
٥,	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		ļ	
36	during the year?	] ]	Ì	
	of "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after		i	
L	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose	}	\	
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2017.)  N/A	2.	}	
4.	to Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	3b		v
		4a		<u> X</u>
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	,	ľ	v
	had not been removed from jeopardy before the first day of the tax year beginning in 2017?	m <b>99</b> 0	-PF	<u>X</u>
	FOI	111 330	,-rr (	(2017)

DEUPREE FAMILY FOUNDATION (2155000180)

REGIONS BANK, TRUSTEE	4700 14 0-1	<u> </u>	02-03344	: 44		age 6
Part VII-B   Statements Regarding Activities for Which F	orm 4/20 May Be i	Required (contin	ued)	—	V	NI.
5a During the year, did the foundation pay or incur any amount to:		Г.,			Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	` ''		s X No	1	}	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indir					
any voter registration drive?	•		s X No	Ì	1	
(3) Provide a grant to an individual for travel, study, or other similar purposes'		Ye	s X No	1		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section		[ <del>1</del> ]	1	j	
4945(d)(4)(A)? See instructions			s X No			
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or		[ <del>1</del> ]	1	Ì	
the prevention of cruelty to children or animals?			es X No			
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	•	in Regulations	27 / 2			
section 53.4945 or in a current notice regarding disaster assistance? See instru			N/A	5b		
Organizations relying on a current notice regarding disaster assistance, check h				- 1	}	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr					İ	
expenditure responsibility for the grant?	N	I∕A ∟ Ye	es Do			
If "Yes," attach the statement required by Regulations section 53.4945-5(d).						
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on			ļ	l	
a personal benefit contract?		Ye	s X No	ı	ļ	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		_	6ь		<u> </u>
If "Yes" to 6b, file Form 8870.						
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	es 🗶 No			
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b		
Part VIII Information About Officers, Directors, Truste	ees, Foundation Ma	ınagers, Highly	/			
Paid Employees, and Contractors	<del></del>					
1 List all officers, directors, trustees, and foundation managers and the	<del></del>	(a) Componentian	(d) Contributions to	Τ-,	<b>.</b>	
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	ac	e) Expe	ense other
(a) name and aborese	to position	`enter -0-)	compensation	a	allowar	nces
				1		
				1		
SEE STATEMENT 8		14,523.	0.	<b>↓</b>		<u>0.</u>
				ł		
<del></del>						
				<u> </u>		
		}		}		
		(		ļ		
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(4)			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	30	e) Expe count,	ense other
(a) Name and address of each employee paid more than \$50,000	devoted to position	(C) Compensation	and deterred compensation	a	illowan	ices
NONE						
	<del></del>		<del></del>			
				1		
				<del> </del>		
				1		
<del> </del>	<del></del>	<del>                                     </del>	<del></del>	<del>                                     </del>		
Total number of other employees paid over \$50,000		<del></del>		Щ_	_	
TOTAL HAMING OF OTHER CHIPTOYOGS PAIN OVER #301000						

723551 01-03-18

B Five highest-paid independent contractors for professional services. If none, enter "NON	IE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensatio
NONE		
<del></del>		
tal number of others receiving over \$50,000 for professional services		<u> </u>
Part IX-A Summary of Direct Charitable Activities		
st the foundation's four largest direct charitable activities during the tax year. Include relevant statistical info umber of organizations and other beneficiaries served, conferences convened, research papers produced, e	rmation such as the tc.	Expenses
N/A		
LIVE		
Part IX-B Summary of Program-Related Investments		
escribe the two largest program-related investments made by the foundation during the tax year on lines 1 a	and 2.	Amount
N/A	<del></del>	
	<del></del>	
other program-related investments. See instructions.		<del></del>
• •		
tal. Add lines 1 through 3	<b>&gt;</b>	

REGIONS BANK, TRUSTEE

62-6334424

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P	art X ` Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
•	Average monthly fair market value of securities	1a	5,622,978.
	Average of monthly cash balances	1b	
C		1c	
d		1d	5,622,978.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
-	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	5,622,978.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	84,345.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	5,538,633.
6	Minimum investment return. Enter 5% of line 5	6	276,932.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations, check here and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	276,932.
2a	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	2c	_1,276.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	275,656.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	275,656.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	275,656.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	4.	302,282.
8	Expenses, contributions, gifts, etc total from Part I, column (d), line 26 Program-related investments - total from Part IX-B	1a 1b	0.
b	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
2	Amounts set aside for specific charitable projects that satisfy the:		<del></del>
	Suitability test (prior IRS approval required)	3a	
a b	Cash distribution test (attach the required schedule)	3b	<del></del>
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	302,282.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	-	502,202.
J	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	302,282.
U	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of		
	4940(e) reduction of tax in those years.	<sub>l</sub> uamico IC	11 110 0000011

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI,	30,740	100.0 p.101 10 20 10		
line 7				275,656.
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only			<u> </u>	
<b>b</b> Total for prior years:		_	•	
		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012 44, 117.				
b From 2013 23, 765.				
c From 2014 61,658.				
d From 2015 9,400.				
e From 2016 27,356.	165.005			
f Total of lines 3a through e	166,296.			
4 Qualifying distributions for 2017 from				
Part XII, line 4: ► \$ 302, 282.				
a Applied to 2016, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			000
d Applied to 2017 distributable amount	25 525			275,656.
e Remaining amount distributed out of corpus	26,626.			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	192,922.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				<del></del>
undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2016. Subtract line				
4a from line 2a. Taxable amount - see instr.		,	0.	
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2018				0.
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)	0.			
8 Excess distributions carryover from 2012				
not applied on line 5 or line 7	44,117.	_		
9 Excess distributions carryover to 2018.				
Subtract lines 7 and 8 from line 6a	148,805.			
10 Analysis of line 9:				
a Excess from 2013 23,765.				
<b>b</b> Excess from 2014 61,658.				
c Excess from 2015 9,400.				
d Excess from 2016 27,356.				
e Excess from 2017 26,626.				

723581 01-03-18

DEUPREE FAMILY FOUNDATION (2155000180) Form 990-PF (2017) REGIONS BANK TRUSTEE 62-6334424 Page 10 Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5) 2 a Enter the lesser of the adjusted net Tax year Prior 3 years (a) 2017 (b) 2016 (c) 2015 (d) 2014 (e) Total income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: "Assets" alternative test - enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III) (3) Largest amount of support from an exempt organization (4) Gross investment income Part XV | Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) SEE STATEMENT b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here 🕨 📖 if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number or email address of the person to whom applications should be addressed: REGIONS BANK, TRUST DEPT., 901-580-5700 6200 POPLAR AVENUE, MEMPHIS, TN 38119 b The form in which applications should be submitted and information and materials they should include: LETTER STATING CHARITABLE PURPOSE c Any submission deadlines: NONE d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors; FUNDING IS GENERALLY LIMITED TO ORGANIZATIONS IN THE MEMPHIS AREA.

Form 990-PF (2017). R

REGIONS BANK, TRUSTEE

62-6334424 Page 11

3 Grants and Contributions Paid During the		Pavment		
Recipient	If recipient is an individual,	1		
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year		1		
SEE ATTACHED SCHEDULE	NONE	E01/G1/31		
VARIOUS	NONE	501(C)(3)	CHARITABLE GRANT	
MEMPHIS, TN 38101				283,600
		<del>                                     </del>		
	-			
Total			<b>▶</b> 3a	202 600
b Approved for future payment				283,600.
., , , ,				
NONE				
. 70				
	-			
T				
Total			<b>&gt;</b> 3b	0.

# Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated	business income		by section 512, 513, or 514	(e)
<b>9 .</b>	_ (a)	(b)	(C)	(d)	Related or exempt
1 Program service revenue:	Bušiness   code	Amount	sion	Amount	function income
a					
b	·				
_					
d	1 1				
e					
1		<del></del> _			<del> </del>
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	57,703.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	34,668.	
9 Net income or (loss) from special events	<u> </u>	<del></del>		34,000.	
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:	<del></del>			<del></del>	<del></del>
			,	ļ	
a	·				<del> </del>
·	I I	<del></del>	<del> -</del> -		
c		- <del></del>	-	<del></del>	<del></del>
0	·	<del></del>	<del> - -</del>		
12 Subtotal. Add columns (b), (d), and (e)	<del>                                     </del>	-	<del>)      </del>	92,371.	0.
13 Total. Add line 12, columns (b), (d), and (e)	L		· •		92,371
(See worksheet in line 13 instructions to verify calculations.)				13	<u> </u>

# Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

Form 99		2017). <b>REGIO</b>	<u>)NS P</u>	BANK,	TRUS	TEE				62-6334	<u> 424</u>	Pa	age 13
Part	XVII	Information Re			nsfers t	to and 1	Transactions a	and Relat	tionships Wit	h Noncharit	able	)	
		Exempt Organ										12.5	·
		ganızatıon directly or indi							I in section 501(c)			Yes	No
		n section 501(c)(3) orgai						?					
		from the reporting found	iation to a	a noncharit	table exem	pt organiza	tion of:						
	Cash									4	1a(1)		X
		assets									1a(2)		X
		sactions:											
		of assets to a noncharita								<u> </u>	1b(1)	<u> </u>	X
		hases of assets from a no			organizati	on				F	1b(2)	ļ. —-	X
٠,		al of facilities, equipment,		assets						T T	1b(3)		X
٠,		bursement arrangements	i								1b(4)	-	X
٠,,		s or loan guarantees								T	1b(5)		X
٠.		rmance of services or me			-		_			}	1b(6)		X
	-	f facilities, equipment, ma	_	-					h - £		<u>1c</u>		X
		wer to any of the above is										eis,	
		s given by the reporting f  i) the value of the goods,					s man ian market vai	ue ili aliy ilai	isaction of snaring	arrangement, sit	W III		
(a) Line n		(b) Amount involved				<del></del>	npt organization	(d) D	escription of transfers,	transportune and she		rangeme	
(E)	<u> </u>	(b) / modile my orod	<del>                                     </del>	(6) 144110 (	N/		ipt organization	- (0)	sociption of transicio,	transactions, and she	anig ar	angerne	
		<del></del>	<del>                                     </del>			<u>~</u>			<del></del>				
			<del>                                     </del>	<del>-</del>		<del></del> -							
	+		+					<del></del>					
	7		<del>                                     </del>										
	1		<del>                                     </del>							<del></del>			
	$\neg$	<del></del>	†				·						
			<del>                                     </del>										
	_		<del>                                     </del>				<del></del>			- <del>-</del>			
			$\vdash$				<u>-</u>						
			<del>                                     </del>				<del></del>			<del></del>		-	-
				<del></del>		<del>* -</del>	<del></del>						
							<del>-</del>						
							<del>-</del>						-
							<del></del>						_
2a Ist	he four	ndation directly or indirec	tly affiliate	ed with, or	related to,	one or mo	re tax-exempt organ	zations desc	ribed				
		501(c) (other than section	-				, ,				Yes	$\mathbf{x}$	] No
		omplete the following sch		. ,,									
		(a) Name of org	janization	1		(b) 1	ype of organization		(c) Descript	ion of relationship			
		N/A				T							
						_   _							
		penalties of perjury, Leciere	that I have	examined th	nis return, ind	cluding accor	mpanying schedules and	statements, ar	nd to the best of my kn	May tr	e IRS c	liscuss t	his
Sign	and be	Regions Trus	Priete Dec		oreparer (our	я іпап іахра	mpanying schedules and yer) is based on all inform	nation of which	preparer has any knov	return shown	with the below	prepare See ins	er str
Here		By //				<b>.</b>	5/14/18	TRI	USTEE	X	Yes		] No
	Sign	ature of officer or trustee					Date / /	Title	<u> </u>	<b></b>		_	
		Print/Type preparer's na	ame		Prepare	r's signatu	re	Date	Check	If PTIN			
Ps - * *					L	>			self- emplo	* I		_	
Paid		DAVID B. J			D.	T B.	~~	5-4-15		P000			
Prepa		Firm's name > WAT	KINS	UIB	ERALL	, PLI	ıC <b>V</b>		Firm's EIM	I ► 62-180	142	52	
Use (	JNIY	1											

Firm's address ► 1661 AARON BRENNER DR., MEMPHIS, TN 38120

Phone no. (901) 761-2720

Part IV Capital Gains and Lo	sses for lax on investment income		·		
	d describe the kind(s) of property sol rick warehouse; or common stock, 2		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a ISHARES 103 YR	CREDIT BD	<del></del>	P	01/03/13	02/21/17
	CREDIT BD		P	01/03/13	
	CREDIT BD		P	01/03/13	12/27/17
	UST SERIES		P	<del></del> -	06/01/17
e RJ FINL 138 SH			P	<del></del>	01/12/17
f VMWARE INC 160			P		12/28/17
g STRAIGHT PATH		-	P		12/29/17
	DIVIDENDS		-	VILLEGOS	<u> </u>
I CITTITIO CITTAD	DIVIDENDE	<del></del>			
·		<del> </del>	<u> </u>		
<u>k</u>		<del></del>	<del></del>		
1					
<u>'</u>			<del></del>		
			<del></del>	<del>                                     </del>	
0	<del></del>	<del>-</del>	<del></del>		
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h	Gain or (loss) Slus (f) minus (g)	
F0 070	(or allowable)		(0) 1	7103 (1) 171111103 (9)	
a 59,979.		60,268.		<del></del>	-289.
b 100,053.		100,270.			<u>-217.</u>
<u>c</u> 73,114.		73,883.	<del></del>		<u>-769.</u>
d 20,091.		9,872.			10,219.
e 10,090.		10,269.			-179.
<u>f</u> 20,191.		7,132.			13,059.
g 9,063.		916.			8,147.
h 4,697.					<u>4,697.</u>
1					
<u>k</u>					
<u> </u>					
<u>m</u>					
n					
0					
Complete only for assets showing	ng gain in column (h) and owned by t	he foundation on 12/31/69		ses (from col. (h))	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess of but n	of col. (h) gain over ot less than "-0-")	col. (k),
a					-289.
b					-217.
С					-769.
d					10,219.
е					-179.
1					13,059.
g					8,147.
h					4,697.
1			<del></del>		
1					
k			<del></del>		
1					
m					
n					
0			<del></del>		
<u> </u>					
2 Capital gain net income or (net ca	1 11 (1000); 01101 0	_	2		34,668.
3 Net short-term capital gain or (los if gain, also enter in Part I, line 8,	column (c).	d (6):		<b>37</b> / -	
If (loss), enter "-0-" in Part I, line 8	<u> </u>		3	N/A	

### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Employer identification number

2017

	EUPREE FAMILY FOUNDATION (2155000180) EGIONS BANK, TRUSTEE	62-6334424
Organization type (check o		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
General Rule  X For an organization	n(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor	g \$5,000 or more (in money or
Special Rules		
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amou, line 1. Complete Parts I and II	or 16b, and that received from
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from itions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educ cruelty to children or animals. Complete Parts I, II, and III	•
year, contributions is checked, enter t purpose Don't cor	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a seculusively for religious, charitable, etc., purposes, but no such contributions totaled marere the total contributions that were received during the year for an exclusively religious implete any of the parts unless the <b>General Rule</b> applies to this organization because it is e, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box , charitable, etc ,
but it must answer "No" on	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (File Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-EZ, or 990-PF).	

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

DEUPREE FAMILY FOUNDATION (2155000180)

REGIONS BANK, TRUSTEE

Employer identification number

62-6334424

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

		_ <u>`</u>	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	REED DEUPREE  309 NORTHWAY  BALTIMORE, MD 21218	\$20,191.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	WILLIAM W DEUPREE III (WILL)  505 GOODWYN  MEMPHIS, TN 38111	\$19,153.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

DEUPREE FAMILY FOUNDATION (2155000180)

REGIONS BANK, TRUSTEE

Employer identification number

62-6334424

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	160 SH VMWARE INC 12/28/17 FMV \$20,191		
-   -		\$20,191.	
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2   5	50 SH STRAIGHT PATH COMM 12/29/17 FMV \$9,063; 138 SH R JAMES FINL 1/12/17 FMV \$10,090	\$	
(a) No. rom	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
- - -		\$	
(a) No. rom	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-  -  -		\$	
(a) No. rom	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
I53 11-01-17		Sabadula B (Farm 0)	90, 990-EZ, or 990-PF) (

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

FORM 990-PF	DIVIDEND	S AND INTER	EST FROM SECUE	RITIES ST	TATEMENT 1
SOURCE	GROSS AMOUNT	GAINS	(A) REVENUE S PER BOOKS	NET INVEST-	
DIVIDENDS	57,703	•	0. 57,703.	57,703.	
LONG TERM CAP GAIN DIVS	4,697	. 4,69	7. 0.	0.	
TO PART I, LINE 4	62,400	4,69	7. 57,703	57,703.	
FORM 990-PF		ACCOUNTI	NG FEES	Si	PATEMENT 2
DESCRIPTION			(B) NET INVEST- MENT INCOME		CHARITABLE
ACCOUNTING FEES	_	1,231.	1,231.		0.
TO FORM 990-PF, PG	L, LN 16B	1,231.	1,231.		0.
FORM 990-PF	0'	THER PROFES	SIONAL FEES	Si	PATEMENT 3
DESCRIPTION			(B) NET INVEST- MENT INCOME		CHARITABLE
INVESTMENT MANAGEMEN	T FEES	7,820.	7,820.		0.
TO FORM 990-PF, PG	L, LN 16C	7,820.	7,820.		0.
FORM 990-PF		TAX	ES	នា	CATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FOREIGN TAXES		509.	509.		0.
TO FORM 990-PF, PG	L, LN 18	509.	509.		0.
	==				

FORM 990-PF	OTHER E	XPENSES		STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			
ANNUAL FEE	350.	350	•		0.
TO FORM 990-PF, PG 1, LN 23	350.	350	•		0.
FORM 990-PF OTHER DECREASE	C TN NET AC	CETTS OF EITHO	RAL ANCES	STATEMENT	<del></del> 6
DESCRIPTION				AMOUNT	
ADJUST FOR DIFFERENCE BETWEEN CONTRIBUTED	FMV AND BA	SIS OF STOCK		21,0	27.
TOTAL TO FORM 990-PF, PART II	I, LINE 5			21,0	27.
FORM 990-PF	CORPORAT	E STOCK		STATEMENT	7
DESCRIPTION		В	OOK VALUE	FAIR MARKE VALUE	T
OTHER INVESTMENTS			2,408,970.	6,158,5	54.
TOTAL TO FORM 990-PF, PART II	, LINE 10B		2,408,970.	6,158,5	54.

	IST OF OFFICERS, AND FOUNDATION MAN		STAT	EMENT 8
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION		EXPENSE
REGIONS BANK, TRUST DEPT. 6200 POPLAR AVENUE MEMPHIS, TN 38119	SUCCESSOR TRU 4.00	JSTEE 14,523.	0.	0.
WILLIAM W DEUPREE, JR (BILL) 2908 NATCHEZ LANE MEMPHIS, TN 38111	TRUST ADVISOR	COMMITTEE 0.	0.	0.
REBECCA DEUPREE 16 GROUPER HOLE BOCA GRANDE, FL 33921	TRUST ADVISOR	COMMITTEE 0.	0.	0.
WILLIAM W DEUPREE III (WILL) 505 GOODWYN MEMPHIS, TN 38111	TRUST ADVISOR	COMMITTEE 0.	0.	0.
REED DEUPREE 309 NORTHWAY BALTIMORE, MD 21218	TRUST ADVISOR	COMMITTEE 0.	0.	0.
ROBERTA DEUPREE 1314 S CHARLES STREET BALTIMORE, MD 21230	TRUST ADVISOR	COMMITTEE 0.	0.	0.
ANGELA KAYE DEUPREE 505 GOODWYN MEMPHIS, TN 38111	TRUST ADVISOR	COMMITTEE 0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	6, PART VIII	14,523.	0.	0.
	RT XV - LINE 1A FOUNDATION MANAG	ERS	STATI	EMENT 9

#### NAME OF MANAGER

WILLIAM W DEUPREE III (WILL) ANGELA KAYE DEUPREE