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OMB No 1545-0052

2017

Return of Private Foundation

Form 990-PF Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

		ndar year 2017, or tax year	beginning 01-01-20	17 , a	nd ending 12-31	-2017 lentification number			
		LY CHARITABLE FOUNDATION			72-1344410	ientineation numb	=1		
		street (or P O box number if mail is no	ot delivered to street address)	Room/suite	B Telephone no	ımber (see ınstructio	ins)		
23	9891 W	OODROW LANE NO 300			(251) 621-119	(251) 621-1194			
		i, state or province, country, and ZIP or DRT, AL 36527	foreign postal code	1	C If exemption	application is pendir	ng, check here		
G Ch	neck al	I that apply	☐ Initial return of a	former public charity	D 1. Foreign o	ganizations, check h	ere		
		☐ Final return	Amended return			rganizations meeting			
		Address chan	ge 🔲 Name change			ck here and attach co	· -		
l Ch	neck ty	pe of organization 🗹 Section 5	501(c)(3) exempt private t	foundation		undation status was on 507(b)(1)(A), che			
	Section	n 4947(a)(1) nonexempt charitable	e trust 🔲 Other taxable	private foundation					
of '	year <i>(f</i>	ket value of all assets at end from Part II, col (c), \$ 2,249,265	J Accounting method ☐ Other (specify) (Part I, column (d) must	► Cash		ation is in a 60-mont on 507(b)(1)(B), che			
Pa	rt I	Analysis of Revenue and	Expenses (The total	(a) Revenue and	<u> </u>		(d) Disbursements		
		of amounts in columns (b), (c), and (equal the amounts in column (a) (see		expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)		
	1	Contributions, gifts, grants, etc ,	received (attach	110,000					
	2	schedule) Check ▶ ☐ If the foundation is ■	not required to attach						
	3	Interest on savings and tempora	ry cash investments						
	4	Dividends and interest from secu	irities						
	5a	Gross rents							
d)	b	Net rental income or (loss)							
Ĭ	6a	Net gain or (loss) from sale of as	ssets not on line 10	()				
Reversie	ь	Gross sales price for all assets or							
	7 8	Capital gain net income (from Pa Net short-term capital gain .				,			
	9	Income modifications			+	-			
	10a	Gross sales less returns and allow	ı						
	ь	Less Cost of goods sold	wances						
	c	Gross profit or (loss) (attach scho	edule)						
	11	Other income (attach schedule)		99,263	99,263	3			
	12	Total. Add lines 1 through 11		209,263	99,263	3			
	13	Compensation of officers, directo	rs, trustees, etc	(C		
	14	Other employee salaries and wag	ges						
S	15	Pension plans, employee benefits	5						
nse	16a	Legal fees (attach schedule) .							
<u>g</u>	ь	Accounting fees (attach schedule	e)						
e E	c	Other professional fees (attach s	chedule)						
Ĭ	17	Interest		85	85	5	C		
<u> </u>	18	Taxes (attach schedule) (see inst	tructions)	7,725	7,725	5	C		
Ξ	19	Depreciation (attach schedule) a	nd depletion						
Ē	20	Occupancy							
⊄	21	Travel, conferences, and meeting	gs						
a	22	Printing and publications							
<u> </u>	23	Other expenses (attach schedule	.)	9 557	557	,	С		
Operating and Administrative Expenses	24	Total operating and administr	•						
<u>g</u>		Add lines 13 through 23		8,367	ļ	<u>'</u>	C		
_	25	Contributions, gifts, grants paid		101,507	1		101,507		
	26	Total expenses and disbursen 25	nents. Add lines 24 and	109,874	8,367	,	101,507		
	27	Subtract line 26 from line 12							
	а	Excess of revenue over expendisbursements	ises and	99,389					
	ь	Net investment income (If neg	jative, enter -0-)		90,896	;			
	С	Adjusted net income(if negative	/e, enter -0-)						
or	Daner	work Reduction Act Notice, see	e instructions		Cat No. 11289	V F0	rm QQQ-DF (2017)		

	2	Savings and temporary cash investments			
	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			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U S and state government obligations (attach schedule)			
	ь	Investments—corporate stock (attach schedule)			
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶	220,000		
	12	Investments—mortgage loans	1,804,488	2,239,488	2,239,488
	13	Investments—other (attach schedule)			
	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			
		ınstructions Also, see page 1, item I)	2,149,876	2,249,265	2,249,265
	17	Accounts payable and accrued expenses			
	18	Grants payable			
les	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons	10,000	10,000	
ıat	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe)			
	23	Total liabilities(add lines 17 through 22)	10,000	10,000	
		Foundations that follow SFAS 117, check here ▶			
ces		and complete lines 24 through 26 and lines 30 and 31.			

2,139,876

2,139,876

2,149,876

0

2,239,265

2,239,265

2,249,265

2

3 4

5

6

2,139,876

2,239,265

2,239,265 Form **990-PF** (2017)

99,389

<u>~</u>	13
픚	20
Liabi	21
_	22
	23
alances	24
**	25

26

27

28

29

30

31 Part III

2

4

Net Assets or Fund

Unrestricted

Temporarily restricted

Permanently restricted .

and complete lines 27 through 31.

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

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3

Foundations that do not follow SFAS 117, check here ▶

Capital stock, trust principal, or current funds

Total net assets or fund balances (see instructions) .

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

Retained earnings, accumulated income, endowment, or other funds

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

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

Page **3**

	(a) the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a SALE OF HIGHWAY 59 PF	ROPERTY		P		
b					
С					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or d	g) other basis ense of sale	Gain o	r (loss) minus (g)
a 22	0,000		220,000		0
b					
С					
d					
e					
Complete only for assets	showing gain in column (h) and ow	ned by the foundation o	on 12/31/69	(I)
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	k) of col (ı) (յ), ıf any	col (k), but not	n) gain minus less than -0-) or om col (h))
a	as 01 12/31/09	0761 601	()), ii aiiy		0
b					
c					
d					
e					
·	gain or (loss) as defined in sections : rt I, line 8, column (c) (see instructi		, , ,	3	0
•	Jnder Section 4940(e) for Reprivate foundations subject to the sec				
if section 4940(d)(2) applies, le	•			- ,	
	e section 4942 tax on the distributal of qualify under section 4940(e) Do		in the base period?	Ye	es 🗸 No
	nount in each column for each year,	see instructions before	making any entries		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable	e-use assets	(d) Distribution rati (col (b) divided by c	
2016	67,895		2,062,297		0 032922
2015	57,100		2,127,452		0 026840
2014	58,690		2,099,475		0 027955
2013	82,895		1,982,456		0 041814
2012	64,490		1,950,844	Ι	0 033057
2 Total of line 1, column (•		2		0 162588
number of years the four	o for the 5-year base period—divide indation has been in existence if less incharitable-use assets for 2017 fron	than 5 years	3 4		0 032518 2,369,235
5 Multiply line 4 by line 3			5		77,043
6 Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		909
7 Add lines 5 and 6			7		77,952
	ions from Part XII, line 4 , eater than line 7, check the box in Pa			g a 1% tax rate Se	101,507 e the Part VI
instructions					

(b)

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

7b

	Information About Officers, Di	irectors Trustees	Foundation Managers	Highly Paid Employees
Down WITT	Initiation About Officers, Di	inectors, musices,	i oundation managers,	inging raid Employees,
Part VIII	and Contractors			

and Contractors					
1 List all officers, directors, trusted	es, fo	oundation managers ar	d their compensation		ı
(a) Name and address	(Title, and average hours per week b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
W ALLEN COX 32128 BROKEN BRANCH CIRCLE	TRU9	STEE	0	0	0
SPANISH FORT, AL 36527 NATHAN L COX	TRIIG	 STEE	0	0	
32128 BROKEN BRANCH CIRCLE SPANISH FORT, AL 36527	0 00			0	
MARY M COX		STEE	0	a	O
32128 BROKEN BRANCH CIRCLE SPANISH FORT, AL 36527	0 00				
2 Compensation of five highest-pa	id er	nployees (other than t	hose included on line 1	L—see instructions). If no	ne, enter "NONE."
(a) Name and address of each employee pa more than \$50,000	nid	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
NONE		_			
		1			
		-			
		-			
Total number of other employees paid ov	er \$5	50,000			0
3 Five highest-paid independent co					
(a) Name and address of each person NONE	n pai	d more than \$50,000	(b) Typ	e of service	(c) Compensation
NONE			-		
			-		
			1		
Total number of others receiving over \$50	,000	for professional services			C
Part IX-A Summary of Direct (
List the foundation's four largest direct charitable organizations and other beneficiaries served, con	activ feren	ities during the tax year Incli ces convened, research paper	ude relevant statistical inform s produced, etc	nation such as the number of	Expenses
1					
2					
3					
4					
Part IX-B Summary of Program	n-R	elated Investments	(see instructions)	<u> </u>	
Describe the two largest program-related inve			· · · · · · · · · · · · · · · · · · ·	and 2	Amount
1					
2					
All other program-related investments	See	ınstructions			
3					
Total. Add lines 1 through 3 .					

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.

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 set aside for specific charitable projects that satisfy the

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

3

4

5

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

3a 3h

4

5

101.507

100.598

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909

0

117,339

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(d)

2017

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FOITH 990-PF (2)	01/
Part XIII	ľ
•	

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Part 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.

Excess distributions carryover, if any, to 2017

f Total of lines 3a through e. 4 Qualifying distributions for 2017 from Part XII, line 4 🕨 \$ a Applied to 2016, but not more than line 2a

b Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election **d** Applied to 2017 distributable amount. . . .

e Remaining amount distributed out of corpus

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

6 Enter the net total of each column as

indicated below:

5 Excess distributions carryover applied to 2017

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract

line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a)

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. . .

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

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

Subtract lines 7 and 8 from line 6a

same amount must be shown in column (a))

2015 , 20____ , 20____

(a)

Corpus

0

0

(b)

Years prior to 2016

15,389

15.389

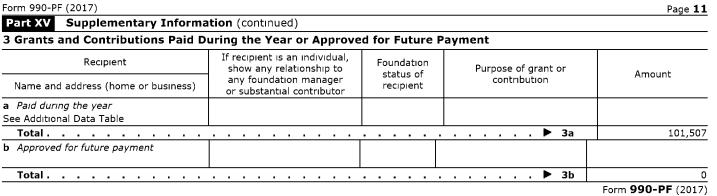
15,389

(c)

2016

101,293

101,293



Enter gross	amounts unless otherwise indicated	Unrelated bu	usiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
1 Progran	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
2 Member 3 Interes	and contracts from government agencies ership dues and assessments					
	nds and interest from securities					
	ntal income or (loss) from real estate					
	-financed property					
	lebt-financed property entail income or (loss) from personal property					
	nvestment income					99,263
	or (loss) from sales of assets other than					33,200
	tory					
	ome or (loss) from special events profit or (loss) from sales of inventory					
. 0 Gross (revenue a					
b						
	1.4.1.1		0			99,263
.3 Total.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)			13	3	99,263
(See w	orksheet in line 13 instructions to verify calculationship of Activities to the	ılatıons)				
Line No. ▼	Explain below how each activity for which the accomplishment of the foundation's explainstructions)	income is report	ed in column (e) of	f Part XVI-A contribu		י
,	MORTGAGE INTEREST					

Fo	orm 990-PF (2017)		Pa	ge 13
	Part XVII Information Regarding Transfers To and Transactions and Relationships With Nonch Exempt Organizations	aritable		
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 5 (c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?	01	Yes	No
ä	a Transfers from the reporting foundation to a noncharitable exempt organization of			
	(1) Cash	1a(1)		No
	(2) Other assets	1a(2)		No
ı	b Other transactions			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
	(2) Purchases of assets from a noncharitable exempt organization	. 1b(2)		No
	(3) Rental of facilities, equipment, or other assets	1b(3)		No
	(4) Reimbursement arrangements	1b(4)		No
	(5) Loans or loan guarantees	1b(5)		No
	(6) Performance of services or membership or fundraising solicitations	1b(6)		No
	Charma of feethers are unascate mentions to be a the specific and a section of the section of th	4		N.

(4) Rei	mbursement arrangeme	nts		1b(4)	No
(5) Loa	ns or loan guarantees.			1b(5)	No
(6) Perf	ormance of services or n	nembership or fundraising solicitations		1b(6)	No
		mailing lists, other assets, or paid employees		1c	No
d If the an	swer to any of the above oods, other assets, or se	e is "Yes," complete the following schedule C	olumn (b) should always show the fair market ie foundation received less than fair market va		•
(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sh	narıng arranger	nents
-					
-					
describe	•		e tax-exempt organizations ection 527?	Yes	☑ No

ın any	transaction or sharing arra	angement, show in column (d) the value of the <u>c</u>	goods, other assets,	or services received
(a) Line No	(b) Amount involved	(c) Name of noncharitable exe	empt organization	(d) Description of tran	nsfers, transactions, and sharing arrangements
		-			
describ	•		· ·	on 527?	
	(=) Hamb of organization		, 2, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(a) becompared to relationship
v v	Jnder penalties of perjury, of my knowledge and belie which preparer has any kn	f, it is true, correct, and com	ned this return, inclunce of this return, inclunce of the contraction	iding accompanying f preparer (other tha	schedules and statements, and to the best in taxpayer) is based on all information of
Sign Here	*****		2018-05-09	*****	May the IRS discuss this return with the preparer shown
	Signature of officer or	trustee	Date	Title	below (see ınstr)? ✓ Yes ☐ No

describe	Dundation directly or indirectly or indirectly or indirectly or the of the complete the following si	Code (other	*	•				☐ Yes ☑ No	
	(a) Name of organization		(E) Type of organiza	ation		(c) Descripti	on of relationship	
						_			
of		, it is true, co						statements, and to the best based on all information of May the IRS discuss this return with the preparer shown	
/	Signature of officer or t	Signature of officer or trustee		Date		Title		below (see instr)?	
	Print/Type preparer's	name	Preparer's Sigr	nature	Date		Check if self-	PTIN P00474055	
Paid	LOUIS G RUSSELL						employed ▶ ☐	F00474033	
Prepare Use On		SELL THOMP	SON BUTLER & I	HOUSTON LLP	'		•	Firm's EIN ▶63-0965059	
	Firm's address ► PC	BOX 70106							
	М	OBILE, AL 36	5670					Phone no (251) 473-5550	
								Form 990-PF (2017)	

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 AMERICAN CANCER SOCIETY N/A N/A UNRESTRICTED CONTRIBUTION 600 1110 MONTLIMAR DR 420 MOBILE, AL 36609 BALDWIN COUNTY DRUG COURT N/A N/A 1,000 UNRESTRICTED CONTRIBUTION FOUNDATION PO BOX 100

BAY MINETTE, AL 36507				
BALDWIN COUNTY SHERIFF'S OFFICE 310 HAND AVE BAY MINETTE, AL 36507	N/A	N/A	UNRESTRICTED CONTRIBUTION	1,000
CAMP GRACE INC11081 WANDA DR MOBILE, AL 36608	N/A	N/A	UNRESTRICTED CONTRIBUTION	1,000

101,507

310 HAND AVE BAY MINETTE, AL 36507				
CAMP GRACE INC11081 WANDA DR MOBILE, AL 36608	N/A	N/A	UNRESTRICTED CONTRIBUTION	1,000
CARE HOUSE INC108 BLACKBURN AVE	N/A	N/A	UNRESTRICTED CONTRIBUTION	20,000

BAT MINETIE, AL 30307				
CAMP GRACE INC11081 WANDA DR MOBILE, AL 36608	N/A	N/A	UNRESTRICTED CONTRIBUTION	
CARE HOUSE INC108 BLACKBURN AVE	N/A	N/A	UNRESTRICTED CONTRIBUTION	2

Total.

3a

CAMP GRACE INC11081 WANDA DR MOBILE, AL 36608	N/A	N/A	UNRESTRICTED CONTRIBUTION	1,
CARE HOUSE INC108 BLACKBURN AVE BAY MINETTE, AL 36507	N/A	N/A	UNRESTRICTED CONTRIBUTION	20,

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
CHILD ADVOCACY CENTER 1351 SPRING HILL AVE MOBIE, AL 36604	N/A	N/A	UNRESTRICTED CONTRIBUTION	1,000
DRUG EDUCATIONAL COUNCIL 3000 TELEVISION AVE MOBILE, AL 36606	N/A	N/A	UNRESTRICTED CONTRIBUTION	5,000
EASTERN SHORE RECOVERY FOUNDATION PO BOX 1796 DAPHNE, AL 36526	N/A	N/A	UNRESTRICTED CONTRIBUTION	10,000
EQUINE THERAPY FOUNDATION CHEVAL AIRE RD BAY MINETTE, AL 36507	N/A	N/A	UNRESTRICTED CONTRIBUTION	5,000
HOME OF GRACE FOR WOMEN 394 ALDOCK RD EIGHT MILE, AL 36613	N/A	N/A	UNRESTRICTED CONTRIBUTION	1,000

За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to	Foundation status of recipient	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor				
a Paid during the year					
IMPACT 100 BALDWIN COUNTY PO BOX 100 FAIRHOPE, AL 36533	N/A	N/A	UNRESTRICTED CONTRIBUTION	2,000	
MCI CELEBRATE HOPE 1660 SPRINGHILL AVE MOBILE, AL 36604	N/A	N/A	UNRESTRICTED CONTRIBUTION	1,000	
MOBILE BAYKEEPER 450 GOVERNMENT ST MOBILE, AL 36602	N/A	N/A	UNRESTRICTED CONTRIBUTION	2,500	
MOBILE COUNTY DISTRICT ATTY FUND PO BOX 2841 MOBILE, AL 36652	N/A	N/A	UNRESTRICTED CONTRIBUTION	500	

MOBILE, AL 30004				
MOBILE BAYKEEPER 450 GOVERNMENT ST MOBILE, AL 36602	N/A	N/A	UNRESTRICTED CONTRIBUTION	2,5
MOBILE COUNTY DISTRICT ATTY FUND	N/A	N/A	UNRESTRICTED CONTRIBUTION	5

MOBILE, AL 36602			
MOBILE COUNTY DISTRICT ATTY FUND PO BOX 2841 MOBILE, AL 36652	N/A	N/A	UNRESTRICTED CONTRIBUTION
NICK'S KIDS	N/A	N/A	UNRESTRICTED CONTRIBUTION

N/A	UNRESTRICTED CONTRIBUTION	
N/A	UNRESTRICTED CONTRIBUTION	

MOBILE COUNTY DISTRICT ATTY FUND PO BOX 2841 MOBILE, AL 36652	N/A	N/A	UNRESTRICTED CONTRIBUTION	5
NICK'S KIDS	N/A	N/A	UNRESTRICTED CONTRIBUTION	3,0

MOBILE COUNTY DISTRICT ATTY FUND PO BOX 2841 MOBILE, AL 36652	N/A	N/A	UNRESTRICTED CONTRIBUTION	500
NICK'S KIDS	N/A	N/A	UNRESTRICTED CONTRIBUTION	3,000

MOBILE, AL 36652				
NICK'S KIDS 1130 UNIVERSITY BLVD STE B9-201	N/A	N/A	UNRESTRICTED CONTRIBUTION	3,

MOBILE, AL 30052				
NICK'S KIDS 1130 UNIVERSITY BLVD STE B9-201	N/A	N/A	UNRESTRICTED CONTRIBUTION	
TUCCALOOCA AL SEAGA		ı		l .

NICK'S KIDS 1130 UNIVERSITY BLVD STE B9-201 FUSCALOOSA, AL 35401	N/A	N/A	UNRESTRICTED CONTRIBUTION	

,		
Total	• • • • • • • • • • • • • • • • • • •	101,507

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 PAM HANES MINISTRY N/A N/A UNRESTRICTED CONTRIBUTION 5,000 55 WIMBLEDON DR W MOBILE, AL 36608 PRODISEE PANTRY N/A N/A 11,000 UNRESTRICTED CONTRIBUTION

9315 SPANISH FORT BLVD SPANISH FORT, AL 36527				
THE LIGHTHOUSE23306 CHICAGO ST ROBERTSDALE, AL 36567	N/A	N/A	UNRESTRICTED CONTRIBUTION	10,907
THE SHOULDER31214 COLEMAN LN SPANISH FORT, AL 36527	N/A	N/A	UNRESTRICTED CONTRIBUTION	1,000
UNITED WAY OF BALDWIN COUNTY 700 N MCKENZIE ST FOLEY, AL 36535	N/A	N/A	UNRESTRICTED CONTRIBUTION	6,000

101,507

Total.

3a

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				
UNIVERSITY OF SOUTH ALABAMA 307 N UNIVERSITY BLVD 130	N/A	N/A	UNRESTRICTED CONTRIBUTION	13,000

Total			•	101 507
307 N UNIVERSITY BLVD 130 MOBILE, AL 36608				
CHIVERSIII OI SCOTTI ABABATIA	137 C	13/73	ONNESTRICIES CONTRIBOTION	13,00

MOBILE, AL 36608		
Total	 	101,507

3a

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

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491135029818
TY 2017 Other Expenses Sche	dule			_
Name:	COX FAMILY CH	HARITABLE FOUN	DATION	
EIN:	72-1344410			
Other Expenses Schedule				
Description	Revenue and	Net Investment	Adjusted Net	Disbursements for

Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL & ACCOUNTING	525	525		0

BANK FEES

TV	2017	Other	Income	Schedul	_

DLN: 93491135029818

Name: COX FAMILY CHARITABLE FOUNDATION EIN: 72-1344410

Other Income Schedule					
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income		
MTG RECEIVABLE INT INCOME	99,256	99,256	99,256		
OTHER INCOME	7	7	7		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491135029818					
TY 2017 Substantial Contribut Schedule	cors						
Name: COX FAMILY CHARITABLE FOUNDATION EIN: 72-1344410							
Name		Address					
W ALLEN COX		32975 REDMOND LANE SPANISH FORT, AL 36527					
MARY COX		500 SPANISH FORT BLVD APT 86 SPANISH FORT, AL 36527					
LEE AND AMY ROBINSON		104 HILLWOOD ROAD MOBILE, AL 36608					

efile GRAPHIC print - DO NOT PROCES	SS As Filed Data -	-	DLi	N: 93491135029818							
TY 2017 Taxes Schedule											
Name: COX FAMILY CHARITABLE FOUNDATION EIN: 72-1344410											
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes							

7,725

7,725

INCOME TAXES

efile GRAPHIC print - D	O NOT PROCESS	As Filed Data -				DLN: 93491135029818			
Schedule B		Schedu	ule of Contributo	rs		OMB No 1545-0047			
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-PF ► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <u>www.irs.gov/form990</u>					2017			
Name of the organization COX FAMILY CHARITABLE					Employer id	dentification number			
Organization type (che	ck one)				72-1344410	1			
Organization type (one	ck one)								
Filers of:	Section:								
Form 990 or 990-EZ	☐ 501(c)(501(c)() (enter number) organization							
	☐ 4947(a)(4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	☐ 527 politi	☐ 527 political organization							
Form 990-PF	✓ 501(c)(3)	√ 501(c)(3) exempt private foundation							
	☐ 4947(a)(4947(a)(1) nonexempt charitable trust treated as a private foundation							
	☐ 501(c)(3)	☐ 501(c)(3) taxable private foundation							
			PF that received, during t omplete Parts I and II Se						
Special Rules									
under sections 5 received from an	09(a)(1) and 170(b)	(1)(A)(vi), that che uring the year, tota	g Form 990 or 990-EZ that cked Schedule A (Form 9 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,	total contributions o	f more than \$1,000	or (10) filing Form 990 o Dexclusively for religious, animals Complete Parts	, charitable, scien					
during the year, of If this box is check purpose Don't co	contributions <i>exclus</i> cked, enter here the omplete any of the p	eively for religious, total contributions parts unless the G o	or (10) filing Form 990 o charitable, etc , purposes that were received durin eneral Rule applies to th or more during the year .	s, but no such cor ng the year for an ns organization be	ntributions tota exclusively re ecause it rece	aled more than \$1,000 eligious, charitable, etc , eived <i>nonexclusively</i>			
990-EZ, or 990-PF), but	ıt must answer "No	on Part IV, line 2	lle and/or the Special Rul , of its Form 990, or chec it it doesn't meet the filing	k the box on line	H of its				
For Paperwork Reduction A for Form 990, 990-EZ, or 99		ructions	Cat No 30613X	Sched	ıle B (Form 990	0, 990-EZ, or 990-PF) (2017)			

Name of organization Employer identification number COX FAMILY CHARITABLE FOUNDATION 72-1344410 Part I Contributors (See instructions) Use duplicate copies of Part I if additional space is needed (d) (a) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person W ALLEN COX **Payroll** 32975 REDMOND LANE \$ 110,000 Noncash SPANISH FORT, AL36527 (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) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 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) (a) (c) (d) (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)