Form 990-PF
Department of the Treasury
Internal Revenue Service

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.

➤ Go to www.irs.gov/Form990PF for instructions and the latest information.

2017

For	caler	idar year 2017 or tax year beginning	_	, and ending		
		foundation			A Employer identificatio	n number
		RY AND SUSAN ANDERSON F	AMILY		70 150000	,
		NDATION nd street (or P O box number if mail is not delivered to street		Room/suite	72-1528208	3
		S COURT ST, STE 610	address)	Hoom/suite	B Telephone number (256)767-(740
_		own, state or province, country, and ZIP or foreign p	nostal code			
	-	RENCE, AL 35630	JUSIAI COUC		C If exemption application is	pending, check here
_		all that apply: Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organization	s, check here
_	011001	Final return	Amended return	mor public offarity	1. Foreign organization	is, onesik nore
		Address change	Name change	. 1	Foreign organizations m check here and attach or	eeting the 85% test, omputation
H	Check	type of organization: X Section 501(c)(3) e.			 E If private foundation st	
	_		Other taxable private founda	ation	under section 507(b)(1	
l F	air ma	arket 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
(1	rom F		ther (specify)		under section 507(b)(1	
_	- \$	211 , 498 . (Part I, colu	mn (d) must be on cash basi	s.)	<u> </u>	, , , , , , , , , , , , , , , , , , ,
P	art (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	98,050.		N/A	
¥	2	Check Interest on savings and temporary	1.54	1.64		OM 2 MENTERS O
a	3	Interest on savings and temporary cash investments	164.	164.		STATEMENT 2
	4	Dividends and interest from securities	<u> </u>			
	l .	Gross rents				<u>'</u>
	1 .	Net rental income or (loss)	202.			STATEMENT 1
e e	l "h	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 8a 98, 252.				D 2.1.1.2.11.2.11.2.1
Revenue	7	assets on line 6a 70, 232. Capital gain net income (from Part IV, line 2)		54,627.		
æ	8	Net short-term capital gain				
	9	Income modifications				
ථා	10a	Gross sales less returns and allowances	-			
SCANNED	1 .	Less Cost of goods sold				j ili
\tilde{z}	c	Gross profit or (loss)				
	11	Other income				
<u> </u>	12	Total Add lines 1 through 11	98,416.	54,791.		
<u>.</u>	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
≡	14	Other employee salaries and wages				
:=\ &	1	Pension plans, employee benefits				
		Legal fees Accounting fees STMT 3	3,200.	12.		3,188.
		Accounting fees STMT 3 Other professional fees	3,200.	12.		3,100.
@į0∑ ⁄e Exo	17	Interest		RECEIVED		 -
ativ (18	Taxes				
istr	19	Depreciation and depletion	076	MAY 2 1 2018 S)	
Ë	20	Occupancy		<u> </u>		
Ā	21	Travel, conferences, and meetings			†i	
and	22	Printing and publications		GDEN, UT	j -	
ğ	23	Other expenses STMT 4	3.	0.		3.
Operating	24	Total operating and administrative				
De l		expenses. Add lines 13 through 23	3,203.	12.		3,191.
O	25	Contributions, gifts, grants paid	45,000.			45,000.
	26	Total expenses and disbursements.	40.000			40.404
	 _	Add lines 24 and 25	48,203.	12.		48,191.
	ł	Subtract line 26 from line 12:	E0 212		Į	
	Ι.	Excess of revenue over expenses and disbursements	50,213.	54,779.		
	Į	Net investment income (if negative, enter -0-)	<u> </u>	J#, / / J.	N/A	
	1 6	Adjusted net income (if negative, enter -0-)	1	l	1 41/44	1

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

Form **990-PF** (2017)



TERRY AND SUSAN ANDERSON FAMILY Form 990-PF (2017) **FOUNDATION** 72-1528208 Page 2 Beginning of year End of year Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (a) Book Value (b) Book Value (c) Fair Market Value 1 Cash - non-interest-bearing 161,285. 211,498. 211,498. 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 7 Other notes and loans receivable Less: allowance for doubtful accounts | 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations **b** Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment basis Less accumulated depreciation 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers - see the 161,285. 211,498. 211,498 instructions. Also, see page 1, item I) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 0. 0. 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31 Balances 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted Fund ▶ X Foundations that do not follow SFAS 117, check here and complete lines 27 through 31 þ 0. 27 Capital stock, trust principal, or current funds 0. 28 Paid-in or capital surplus, or land, bldg., and equipment fund $2\overline{11,498}$ 161,285. 29 Retained earnings, accumulated income, endowment, or other funds 161,285. 211,498. 30 Total net assets or fund balances 161,285. 211,498 31 Total liabilities and net assets/fund balances

Part III Analysis of Changes in Net Assets or Fund Balances

1 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)	1	161,285.
2 Enter amount from Part I, line 27a	2	50,213.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	211,498.
5 Decreases not included in line 2 (itemize)	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	211,498.

	the killa(s) (of property sold (for exa-	mple, real esta	te,	(b) H	ow acquired	(c)	Date acquired	(d) Date sold
. FOO 1.73 T 1/2 ~ ~ ~ ~	2-story brick warehouse; or common stock, 200 shs. MLC Co.)			D - Donation		(m	io., day, yr.)	(mo., day, yr.)	
					D		/05/99	12/22/17	
b 500 WALMART ST	ORES .	DRES INC			<u> </u>	D	07	/18/06	12/22/17
d					-		╂		
e	_				 		╁┈╶╌		
(e) Gross sales price		preciation allowed (or allowable)		st or other basis expense of sale				(h) Gain or (loss plus (f) minus	
a 49,126.				22,21	0.				26,916.
b 49,126.				21,41	5.				27,711.
<u>c</u>									
d									
Complete only for assets showir	ou usin in co	dumn (h) and owned by	the foundation	u on 12/31/60		_	(I) Cou	no (Col. (b) goin	
- Complete only for assets shown		Adjusted basis		cess of col. (I)	-	i	col. (k),	ns (Col. (h) gain but not less tha	n -0-) or
(i) FMV as of 12/31/69		is of 12/31/69		col. (j), if any			Lo	sses (from col. ((h))
a									26,916.
b								•	27,711.
С									
d	-								
e						, .			_
2 Capital gain net income or (net ca	ıpıtal loss)	If gain, also enter for the lift (loss), enter for the lift (loss), enter for the lift (loss).	r in Part I, line - in Part I, line	7 7	}	2			54,627.
3 Net short-term capital gain or (los	ss) as define	`			ĺ				
If gain, also enter in Part I, line 8,			(0).]				
If (loss), enter -0- in Part I, line 8		-1' 4040/-\ /	Б		_ل_	3		N/A	•
		ction 4940(e) for					ncom	<u>. </u>	
(For optional use by domestic private	e toundation:	s subject to the section 4	4940(a) tax on	net investment in	come.)			
If section 4940(d)(2) applies, leave the	his part blan								
		ık.							
Was the foundation liable for the sec			nount of any ve	ear in the base per	iod?				Yes X No
Was the foundation liable for the sec If "Yes," the foundation doesn't qualif	tion 4942 ta	x on the distributable am			iod?				Yes X No
	tion 4942 ta ly under sect	x on the distributable am tion 4940(e). Do not con	nplete this par	t					Yes X No
If "Yes," the foundation doesn't qualif 1 Enter the appropriate amount in (a)	tion 4942 ta ly under sect	x on the distributable am tion 4940(e). Do not con n for each year; see the ii (b)	nplete this par nstructions be	t. fore making any e	ntries.			Distrit	(d)
If "Yes," the foundation doesn't qualif Enter the appropriate amount in (a) Base period years Calendar year (or tax year beginni	tion 4942 ta iy under sect each column	x on the distributable am tion 4940(e). Do not con n for each year; see the ii (b) Adjusted qualifying dis	nplete this par nstructions be tributions	t	ntries.			Distrit (col. (b) div	(d) oution ratio yided by col. (c))
If "Yes," the foundation doesn't qualif Tenter the appropriate amount in (a) Base period years Calendar year (or tax year beginni) 2016	tion 4942 ta iy under sect each column	x on the distributable am tion 4940(e). Do not con n for each year; see the ii (b) Adjusted qualifying dis	nplete this par instructions be tributions 2,700.	t. fore making any e	ntries.	91,87	70.	Distrit (col. (b) div	(d) oution ratio oided by col. (c))
If "Yes," the foundation doesn't qualif 1 Enter the appropriate amount in a Base period years Calendar year (or tax year beginn) 2016 2015	tion 4942 ta iy under sect each column	x on the distributable am tion 4940(e). Do not con n for each year; see the ii (b) Adjusted qualifying dis	nplete this par nstructions be tributions 2,700. 2,701.	t. fore making any e	ntries.	91,87	70.	Distrit (col. (b) div	(d) putton ratio rided by col. (c)) • 464787 1 • 620546
If "Yes," the foundation doesn't qualif 1 Enter the appropriate amount in (a) Base period years Calendar year (or tax year beginn) 2016 2015 2014	tion 4942 ta iy under sect each column	x on the distributable am tion 4940(e). Do not con n for each year; see the ii (b) Adjusted qualifying dis 4	nplete this par instructions be tributions 2,700. 2,701. 5,000.	t. fore making any e	ntries.	91,87 20,17 68,83	70.	Distrit (col. (b) div	(d) Dutton ratio Fided by col. (c)) . 464787 1.620546 . 944328
If "Yes," the foundation doesn't qualif Enter the appropriate amount in (a) Base period years Calendar year (or tax year beginn) 2016 2015 2014 2013	tion 4942 ta iy under sect each column	x on the distributable am tion 4940(e). Do not con in for each year; see the ii (b) Adjusted qualifying dis 4	replete this particular instructions be tributions 2,700. 2,701. 5,000. 2,700.	t. fore making any e	ntries.	91,87 20,17 68,83 48,33	70. 79. 32.	Distrit (col. (b) div	(d) pution ratio rided by col. (c))
If "Yes," the foundation doesn't qualif 1 Enter the appropriate amount in (a) Base period years Calendar year (or tax year beginn) 2016 2015 2014	tion 4942 ta iy under sect each column	x on the distributable am tion 4940(e). Do not con in for each year; see the ii (b) Adjusted qualifying dis 4	nplete this par instructions be tributions 2,700. 2,701. 5,000.	t. fore making any e	ntries.	91,87 20,17 68,83	70. 79. 32.	Distrit (col. (b) div	(d) pution ratio rided by col. (c))
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If "Yes," the foundation doesn't qualif 1 Enter the appropriate amount in (a) Base period years Calendar year (or tax year beginn) 2016 2015 2014 2013 2012 2 Total of line 1, column (d) 3 Average distribution ratio for the the foundation has been in exister 4 Enter the net value of noncharitable	tion 4942 ta: fy under sect each column ng in) 5-year base nce if less th	x on the distributable am tion 4940(e). Do not con for each year; see the ii (b) Adjusted qualifying dis 4 3 6 9 13 period - divide the total dans 5 years	tributions 2,700. 2,701. 5,000. 2,700. 4,209. on line 2 by 5.0	t. fore making any e Net value of no	ntries. (c) ncharit	91,87 20,17 68,83 48,33 26,91	70. 79. 32.	(col. (b) div	(d) Sulton ratio rided by col. (c)) . 464787 1.620546 . 944328 1.918063 4.986031 9.933755 1.986751 127,099.
If "Yes," the foundation doesn't qualif 1 Enter the appropriate amount in (a) Base period years Calendar year (or tax year beginn) 2016 2015 2014 2013 2012 2 Total of line 1, column (d) 3 Average distribution ratio for the state foundation has been in exister	tion 4942 ta: fy under sect each column ng in) 5-year base nce if less th	x on the distributable am tion 4940(e). Do not con for each year; see the ii (b) Adjusted qualifying dis 4 3 6 9 13 period - divide the total dans 5 years	tributions 2,700. 2,701. 5,000. 2,700. 4,209. on line 2 by 5.0	t. fore making any e Net value of no	ntries. (c) ncharit	91,87 20,17 68,83 48,33 26,91	70. 79. 32.	(col. (b) div	(d) Sultion ratio rided by col. (c)) .464787 1.620546 .944328 1.918063 4.986031 9.933755 1.986751
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orm 990-PF (2017) FOUNDATION		<u> 1528</u>			Page
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948 -	see i	nstru	ıctio	ns)
1a Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter "N/A" on line 1.		l			
Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	1 4	l		بر بر-	- ₋ -
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1			1,0	96
of Part I, line 27b	1 1	l			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, coi. (b).	_				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2				0
3 Add lines 1 and 2	3			1,0	
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4			1 ^	0
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	 _		1,0	90
6 Credits/Payments:					
a 2017 estimated tax payments and 2016 overpayment credited to 2017 6a 70.		İ			
b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) 6b 0 0					
		ļ			
· · · · · · · · · · · · · · · · · · ·	⊣ ~ I				70
7 Total credits and payments. Add lines 6a through 6d	7				$\frac{70}{0}$
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			1,0	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			<u> </u>	<u> </u>
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 ▶ Refunded ▶ Part VII-A Statements Regarding Activities	11	<u> </u>			
				Yes	TN.
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interven	e in			163	X
any political campaign?			1a		$\frac{\Lambda}{X}$
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the defi	muon		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? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			10		<u>├</u> ^
(1) On the foundation. ► \$ 0 • (2) On foundation managers. ► \$				i	i
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	<u>-</u>			'	
managers. > \$ 0.					l
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
If "Yes," attach a detailed description of the activities.			 	_	
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	or				
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	01		- 3 -		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b		┝╼
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		•	5		X
If "Yes," attach the statement required by General Instruction T					<u> </u>
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			1		
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.	te law				ļ
remain in the governing instrument?			6	X	1
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV			7	Х	\vdash
. ,					\vdash
8a Enter the states to which the foundation reports or with which it is registered. See instructions.					
AL				'	
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)					-
of each state as required by General Instruction G? If "No," attach explanation			8b	X	<u> </u>
A 1 1			1 /	1 '	1
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for call year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV	engar		9	~ -,	

٢	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 ► ABROMS & ASSOCIATES, PC Telephone no. ► (256)7		<u>074</u>	0
	Located at ► 201 S COURT ST, STE 610, FLORENCE, AL ZIP+4 ►35	<u>630</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			
	and enter the amount of tax-exempt interest received or accrued during the year	N	<u>/A</u>	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			1
_	foreign country	L		
P	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?	1		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	l		
	(5) Transfer any income or assets to a disqualified person (or make any of either available	1		
	for the benefit or use of a disqualified person)?	1		
	(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.)	1		
ı	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	Organizations relying on a current notice regarding disaster assistance, check here			
(c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			- 🚐 -j
	before the first day of the tax year beginning in 2017?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	1		,
	defined in section 4942(j)(3) or 4942(j)(5)):			
1	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			,
	before 2017? Yes X No			i
,	If "Yes," list the years \(\sum_{\text{inst}} \), \(\text{junction} \), \(junction			
				;
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) N/A	2b		
	the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	20		
	th the provisions of section 4342(a)(2) are being applied to any of the years listed in 2a, list the years here.			
24	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	1		
0.	during the year? — Yes X No			
	of "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after			
١	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	Ì		
	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	3ь		,
A	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Do Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	"		
•	had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		х
-		_)-PF	
	101	550		· · · /

Form 990-PF (2017) FOUNDATION	LWILLI		72-15282	nα	D	age 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F			08		aye 6
5a During the year, did the foundation pay or incur any amount to:	Onn 4720 may be i	icquired (comm	1	Y	'es	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	A0A5(e)\?	l ∨e	s X No	-+		
(2) Influence the outcome of any specific public election (see section 4955); or	` ''		.0 (<u>22</u>) NO		- 1	ı
any voter registration drive?	i to ourly on, directly or main		s X No		ì	
(3) Provide a grant to an individual for travel, study, or other similar purposes	7		s X No		-	
(4) Provide a grant to an organization other than a charitable, etc., organization				- }	j	1
4945(d)(4)(A)? See instructions	, addonibad iii oddiidii	☐ Ye	s X No		ļ	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f			ŀ		
the prevention of cruelty to children or animals?	o. ozasanomar par posto, or .		s X No	- 1	ł	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ler the exceptions described i	_		- 1	1	ì
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						
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ined	_	ļ		1
expenditure responsibility for the grant?		Γ/A	es 🔲 No	ł	ı	•
if "Yes," attach the statement required by Regulations section 53.4945-5(d).				- {	i	ı
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on		,	J	J	1
a personal benefit contract?		Ye	s X No	ł	Ì	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		- 1	6ь		X
If "Yes" to 6b, file Form 8870.			Г			
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Y6	es X No		ļ	
b If "Yes," did the foundation receive any proceeds or have any net income attribu	table to the transaction?		N/A	7b		
Part VIII Information About Officers, Directors, Trusto	ees, Foundation Ma	nagers, Highly	7			
Paid Employees, and Contractors						
1 List all officers, directors, trustees, and foundation managers and t		(c) Compensation	(d) Contributions to	- 1-	\ Evp	
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	acc) Expe ount, llowan	other
	DIRECTOR					
110 INDIAN SPRINGS DRIVE						
FLORENCE, AL 35633	0.00	0.	0.			0.
	DIRECTOR		'	1		
110 INDIAN SPRINGS DRIVE						_
FLORENCE, AL 35633	0.00	0.	0.			0.
	DIRECTOR	1		}		
202 NORTH COURT STREET						_
FLORENCE, AL 35630	0.00	0.	0.	ļ		<u>0.</u>
				Ì		
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none.	enter "NONE."	<u> </u>	<u> </u>		
	(b) Title, and average		(d) Contributions to	(e) Exp	enșe
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	acc	ount, llowar	otner
NONE						
				1		
				ļ		
		}				
		 		_		
Total number of other employees paid over \$50,000	L		<u> </u>	L		0
			Form	990	PF ((2017)

TERRY AND SUSAN ANDERSON FAMILY

Information About Officers, Directors, Trust Paid Employees, and Contractors (continued) highest-paid independent contractors for professional service (a) Name and address of each person paid more than \$50,000 NONE	es. If none, enter "NOI		(c) Compe
(a) Name and address of each person paid more than \$50,000			(c) Compe
		(b) Type of service	(c) Compe
NONE			
number of others receiving over \$50,000 for professional services IX-A Summary of Direct Charitable Activities	· · · · · · · · · · · · · · · · · · ·		<u>▶</u>
e foundation's four largest direct charitable activities during the tax year. Incl er of organizations and other beneficiaries served, conferences convened, res	lude relevant statistical int	ormation such as the	Expenses
N/A	scarcii papers produced, i	· · · · · · · · · · · · · · · · · · ·	
N/A			
			
			
IX-B Summary of Program-Related Investments			
be the two largest program-related investments made by the foundation duri	ing the tax year on lines 1	and 2.	Amount
N/A			
		- ·	
er program-related investments. See instructions.			,
· · · · · · · · · · · · · · · · · · ·	<u> </u>		

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fo	undations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a		1a	0.
b	Average of monthly cash balances	1b	129,035.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	129,035.
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	129,035.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,936.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	127,099.
6	Minimum investment return. Enter 5% of line 5	6	6,355.
Р	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations, check here ▶ ☐ and do not complete this part.)	ınd certaın	
1	Mınımum investment return from Part X, line 6	1	6,355.
2a	Tax on investment income for 2017 from Part VI, line 5 2a 2 1,096	. 🗆 🗆	
þ	Income tax for 2017. (This does not include the tax from Part VI.)	1	
C	Add lines 2a and 2b	2c	1,096.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,096. 5,259.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	5,259.
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	5,259.
_	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		10 101
a	(-), (-), (-)	1a	48,191.
	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	- <u></u>	
	Suitability test (prior IRS approval required)	3a	· <u>-</u>
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	48,191.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		^
	Income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	48,191.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies foi	the section

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,	00.700		2010	
line 7				5,259.
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only			0.	•
b Total for prior years:				
,,		0.		
3 Excess distributions carryover, if any, to 2017:				,
a From 2012 132,863.				
bFrom 2013 90, 283.				•
cFrom 2014 61,558.				
dFrom 2015 31,692.				
eFrom 2016 38,107.	254 500			
f Total of lines 3a through e	354,503.			
4 Qualifying distributions for 2017 from				
Part XII, line 4: ▶\$ 48,191.				
a Applied to 2016, but not more than line 2a			0.	
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.			E 250
d Applied to 2017 distributable amount	42 022			5,259.
e Remaining amount distributed out of corpus	42,932.			
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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	397,435.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
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		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	132,863.			
9 Excess distributions carryover to 2018.				
Subtract lines 7 and 8 from line 6a	264,572.			
10 Analysis of line 9:				
a Excess from 2013 90, 283.				
b Excess from 2014 61,558.				
c Excess from 2015 31,692.				
dExcess from 2016 38, 107.	ļ			
e Excess from 2017 42,932.		<u> </u>		Form 990-PF (2017)

TERRY AND SUSAN ANDERSON FAMILY Form 990-PF (2017) FOUNDATION 72-1528208 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) Prior 3 years 2 a Enter the lesser of the adjusted net Tax year (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: a "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 cross 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 Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets Part XV 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).) TERRY C. ANDERSON 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. NONE 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:

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

c Any submission deadlines:

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

Form 990-PF (2017) FOUNDATION

Part XV Supplementary Information (continued)

72-1528208

3 Grants and Contributions Paid During the	Year or Approved for Future	Payment	 	
Recipient	If recipient is an individual,		Durance of great or	
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				
UNIVERSITY OF ALABAMA FELLOWSHIP OF	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	
CHRISTIAN ATHLETES				
8701 LEEDS ROAD				
KANSAS CITY, MO 64129				25,000
CAMD CALLE & ALLE	, town			
CAMP SMILE A MILE P.O. BOX 550155	NONE	PUBLIC CHARITY	BENEVOLENT DONATION	
BIRMINGHAM, AL 35255				20,000
	<u> </u>			,
	-			
		-		
Total			▶ 3a	45,000
b Approved for future payment				10,000
NONE				
Total			▶ 3b	0.

Form 990-PF (2017)

Part XVI-A Analysis of Income-Producing Activities

	Linrolate	d business income	T Evalu	ided by section 512, 513, or 514	
Enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code		code	Amount	Tunotion income
a			<u> </u>		
b	1		₩.		
·			<u> </u>		
d					
e	ļ		<u> </u>		
	 		_		
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash			١		
investments			14	164.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:		<u></u>			
a Debt-financed property					
b Not debt-financed property			.1.		
6 Net rental income or (loss) from personal					
property	1 1				
7 Other investment income		···			
8 Gain or (loss) from sales of assets other					
than inventory			18	202.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b				<u> </u>	
c			l —		
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		366.	0.
13 Total. Add line 12, columns (b), (d), and (e)	<u> </u>			13	366.
(See worksheet in line 13 instructions to verify calculations.)					
~ ————————————————————————————————————	- the Acce	muliah mantat Fr		A D	
Part XVI-B Relationship of Activities t	o the Acco	omplishment of Ex	kemp	ot Purposes	
Line No. Explain below how each activity for which income	me is reported ii	n column (e) of Part XVI-A	contrib	outed importantly to the accor	nplishment of
the foundation's exempt purposes (other than	by providing fur	nds for such purposes).	_		
	· <u> </u>				
	<u> </u>				
			_		
		 			

Form 990-F		DATION	ים מוזע אוני	KSON FAMILI		72-1	L528208	D	age 13
Part X	- ` , 		efere to a	nd Transactions a	and Relations				ige is
1 4117	Exempt Organ		isieis to ai	nu mansactions a	and neiations	niiba Mini Moii	CHAHRADIC	,	
1 Did th	ne organization directly or ind		of the following	with any other organizati	ion described in sec	stop 501(c)		Vac	No
	r than section 501(c)(3) orga					, (ioi 30 i(c)			 •••
	ifers from the reporting found	•	-	•	•				
(1) (Jation to a noncharita	anie exempt org	amzauon oi.			10(1)		x
٠,	Other assets						1a(1)		X
, ,							1a(2)		
	transactions:						45.44		ν̈
	Sales of assets to a noncharit						1b(1)	 	X
	Purchases of assets from a ne		organization				1b(2)	├	X
	Rental of facilities, equipment	-					1b(3)	<u> </u>	X
• •	Reimbursement arrangement	S					1b(4)		X
	oans or loan guarantees						1b(5)		X
	Performance of services or m						1b(6)		X
	ng of facilities, equipment, m						10		X
a if the	answer to any of the above is	3 "Yes," complete the	following sched	Jule. Column (b) should a	lways show the fair	market value of the go	ods, other ass	sets,	
	vices given by the reporting			a less than fair market vai	ue in any transactio	n or snaring arrangen	ient, snow in		
	nn (d) the value of the goods, (b) Amount involved			avament arganization	(4) -				
(a)Line no	(b) Amount involved	(c) Name of		exempt organization	(u) Description	on of transfers, transaction	s, and sharing an	rangeme	nts
		 	N/A						
_			<u> </u>			·			
		 							
		 							
-		+		·		·· <u> </u>			
		 							
		 							
		 							
	·						· · ·		
		 							
		+			+	· · · · · · · · · · · · · · · · · · ·			
		 							
									
			 .	_					
	 	 							
2a Is the	foundation directly or indirec	tly affiliated with or i	related to one o	or more tay-evennt organ	izatione deceribed				
	tion 501(c) (other than section			n more tax exempt organ	izations described		Yes	X	No
	s," complete the following sch	, , , , , ,	0011011021						٠,١٠٥
	(a) Name of or			(b) Type of organization	T	(c) Description of rela	ationship		
	N/A			<u>,,,,,</u>		., .	·		
			_						
							-		
				accompanying schedules and			May the IRS of	liscries"	his
Sign ar	nd belief, it is true, correct 2011	molete Declaration of pro	eparer (other than	taxpayer) is based on all inform	mation of which prepare	er has any knowledge	return with the shown below	e prepar	er
Here	/ sunt/	The -		-	DIREC	TOR	X Yes		No
1	Signature of officer of Ustee	5		Date	Title			-	
	Print/Type preparer's n	ame	Preparer's sig	nature	Date	Check if	PTIN		
				Hoofman		self- employed			
Paid	KAYLA HOOF		KAYLA H		05/08/18		P01450		
Prepare	er Firm's name ► ABR	OMS & ASS	OCIATES	B, P.C.		Firm's EIN ► 63	-11300	97	

Phone no. 256-767-0740

Use Only

Firm's address ▶ P.O. BOX 1426

FLORENCE, AL 35631

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

Department of the Treasury Internal Revenue Service

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

2017

Name of the organization

TERRY AND SUSAN ANDERSON FAMILY FOUNDATION

Employer identification number

72-1528208

Organization type (check one)						
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					
	is covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions					
General Rule						
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or yone contributor. Complete Parts I and II See instructions for determining a contributor's total contributions					
Special Rules						
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from for, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, Ine 1. Complete Parts I and II					
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the utions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for cruelty to children or animals. Complete Parts I, II, and III.					
year, contribution is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the is exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., omplete any of the parts unless the General Rule applies to this organization because it received nonexclusively see, etc., contributions totaling \$5,000 or more during the year					
but it must answer "No" or	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), in 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-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 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

TERRY AND SUSAN ANDERSON FAMILY

FOUNDATION

72-1528208

Employer identification number

Part I	Contributors (see instructions) Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TERRY ANDERSON 4511 HELTON DRIVE FLORENCE, AL 35630	\$\$	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 Oncash 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 Onnocash 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)

Employer identification number

TERRY AND SUSAN ANDERSON FAMILY FOUNDATION

72-1528208

	Noncash Property (see instructions) Use duplicate copies of F	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	1,000 SHS WALMART INC STOCK		
1		\$\$	12/22/17
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)
Name of organization

Employer identification number

TERRY AND SUSAN ANDERSON FAMILY

FOUNDA'	TION		72-1528208						
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete completing Part III, enter the total of exclusively religious.	columns (a) through (e) and the following	section 501(c)(/), (8), or (10) that total more than \$1,000 for g line entry. For organizations s for the year (Enterthis info once)						
	Use duplicate copies of Part III if addition	al space is needed	12 Italian and the character a						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
-									
-									
		(e) Transfer of gift							
-	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee								
(a) No.									
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
-	,								
-		(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	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						
:									
-		(a) Transfer of sift							
	Transferee's name, address, a	(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						
.									
<u> </u>									
	(e) Transfer of gift								
- -	Transferee's name, address, a	na ZIP + 4	Relationship of transferor to transferee						
.									
l l									

FORM 990-PF	ACCOUNTI	NG FEES	STATEMENT 3				
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES			
TAX PREP AND ACCOUNTING FEES	3,200.	12.		3,188.			
TO FORM 990-PF, PG 1, LN 16B	3,200.	12.		3,188.			
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 4			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES			
POSTAGE EXPENSE	3.	0.		3.			
TO FORM 990-PF, PG 1, LN 23	3.	0.		3.			

FORM 99	0-PF	(GAIN OF	(LOSS)	FROM SALE	OF	A	SSETS		STA	TEMENT	1
DESCRIP	(A) TION OF	PROPERTY	ď			,		ANNER QUIRED	DA ACQU	TE IRED	DATE S	OLD
500 WAL	MART ST	ORES INC	_				DO	NATED	05/0	5/99	12/22	/17
	(B) GROSS SALES PRICE		VAI	C) JUE AT OF ACQ.	(D) EXPENSE SALE		(E) DEPREC.		(F) GAIN OR LOSS			
		49,126.		49,025	•	0	•		0.		1	01.
DESCRIP	(A) TION OF	PROPERTY	<u> </u>					ANNER QUIRED	DA ACQU	TE IRED	DATE S	OLD
500 WAL	MART ST	ORES INC					DO:	NATED	07/1	8/06	12/22	/17
	GR	B) OSS PRICE	VAI	C) UE AT OF ACQ.	(D) EXPENSE SALE			(E) DEPRE		GAIN	(F) OR LOS	s
•		49,126.		49,025	•	0	•		0.		1	01.
		DIVIDENDS									2	0.
FORM 99	0-PF I	NTEREST (ON SAVI	NGS AND	TEMPORARY	CA	SH	INVEST	MENTS	STA	TEMENT	2
SOURCE					(A) REVENUE ER BOOKS	N	ET	(B) INVEST INCOME			(C) DJUSTED T INCOM	
BAIRD INV				164.		164.						
TOTAL TO PART I, LINE 3			164.	_	164.							
						: =	_					