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	▶\$	5			9

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.

_			irs.gov/Form990PF for inst			Open to Public Inspection
_		ndar year 2017 or tax year beginning DEC	7, 2017	, and ending	DEC 31, 201	
N	ame c	of foundation			A Employer identification	on number
_						
		BERT & MARY COBB FAMILY			82-366230	5
		and street (or P O box number if mail is not delivered to stree	t address)	Room/suite	B Telephone number	
		SHADES CREEK PARKWAY		140	205-930-5	
	-	town, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is	pending check here
		MINGHAM, AL 35209	T-1: .		-	, , -
G	Chec	k all that apply: X Initial return		ormer public charity	D 1 Foreign organization	ns, check here
		Final return	Amended return		2. Foreign organizations of	neeting the 85% test
		Address change	Name change		2. Foreign organizations no check here and attach of	computation
H_		k type of organization: X Section 501(c)(3) e			E If private foundation st	
<u> </u>			Other taxable private founda		under section 507(b)(1)(A), check here
		· I	ing method: X Cash	Accrual	F If the foundation is in a	_ 1 1
		Part II, col. (c), line 16)	ther (specify)	<u> </u>	under section 507(b)(1)(B), check here
	<u>►\$</u> art⊺					(4) 5 1
	ai i	(The total of amounts in columns (b) (c) and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net	(d) Disbursements for charitable purposes
\ -	Τ.	Contributions, gifts, grants, etc., received	10,000,000.			(cash basis only)
<i>.</i>	1 2	Check If the foundation is not required to attach Sch. B	10,000,000.	<u> </u>	N/A	
١	2	Interest on savings and temporary			 	
)	4	cash investments Dividends and interest from securities	5,033.	5,033.		STATEMENT 1
	1 .	Gross rents	3,033.	5,055.	<u>' </u>	STATEMENT I
		Net rental income or (loss)			 	
	1 -	Net gain or (loss) from sale of assets not on line 10				
9]	Gross sales price for all		·	7750	PEIVED
Revenue	7	assets on line 6a Capital gain net income (from Part IV line 2)		0.		4=1/
å	8	Net short-term capital gain			ISI MAY	9 5 2019
	9	Income modifications				\$ 5 - 2018 G
	10a	Gross sales less returns and allowances				
	1 .	Less Cost of goods sold			1 031	JEM UT
		Gross profit or (loss)				
	1	Other income				
	12	Total. Add lines 1 through 11	10,005,033.	5,033.		
	13	Compensation of officers directors trustees etc	0.	0.		0.
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
Ses	16a	Legal fees				
en	b	Accounting fees				
⊜ ŭ	C	Other professional fees				
<u>5</u> ≥	17	Interest				
I © CU10	18	Taxes				<u> </u>
	19	Depreciation and depletion				
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אַ אַ	21	Travel, conferences, and meetings				
en c	22	Printing and publications				
	23	Other expenses			<u> </u>	
落	24	Total operating and administrative				_
SCANNED JUI. I © 2010 Operating and Administrative Expenses		expenses. Add lines 13 through 23	0.	0.		0.
<u>ي</u> ر	25	Contributions, gifts, grants paid	0.			0.
V	26	Total expenses and disbursements.				_
	 -	Add lines 24 and 25	0.	0.	<u> </u>	0.
	i	Subtract line 26 from line 12	10 005 000			
		Excess of revenue over expenses and disbursements	10,005,033.	E 000		
	1	Net investment income (if negative, enter -0-)		5,033.	37 / 3	
_		Adjusted net income (if negative, enter -0-)			N/A	5 000 PE (0017)
723	501 0	1-03-18 LHA For Paperwork Reduction Act Notic	e, see instructions			Form 990-PF (2017)

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_		90-PF (2017) ROBERT & MARY COBB FAMI		82-1	3662305 Page 2
F	Part	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
_	т —		(a) Book Value	(b) Book Value	(c) Fair Market Value
		Cash - non-interest-bearing			
	1	Savings and temporary cash investments		7,016,981.	7,016,981.
	3	Accounts receivable			
	1.	Less: allowance for doubtful accounts			
	4	Pledges receivable ► Less: allowance for doubtful accounts ►		}	
	5	Grants receivable			
	1 -	Receivables due from officers, directors, trustees, and other			
	"	disqualified persons		Ì	
	7	Other notes and loans receivable			
	•	Less: allowance for doubtful accounts			
ø	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
ä		Investments - U.S and state government obligations			
	b	Investments - corporate stock			
	С	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 2	0.	2,988,052.	<u>2,982,876.</u>
	14	Land, buildings, and equipment basis		\$	
		Less accumulated depreciation			
	1	Other assets (describe)			
	16	Total assets (to be completed by all filers - see the		10 005 022	0 000 057
_	4-	instructions Also, see page 1, item I)	0.	10,005,033.	9,999,857.
	1	Accounts payable and accrued expenses	-		
	18	Grants payable Deferred revenue			
Labilities	20	Loans from officers, directors, trustees, and other disqualified persons	·		
ipi ji	21	Mortgages and other notes payable			
ڐ	1	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			
Net Assets or Fund Balances	24	Unrestricted			
lan	25	Temporarily restricted			
Ba	26	Permanently restricted			
nu		Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.			
ts	27	Capital stock, trust principal, or current funds	0.	0.	
sse	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ϋ́	29	Retained earnings, accumulated income, endowment, or other funds	0.	10,005,033.	
ž	30	Total net assets or fund balances	0.	10,005,033.	
	0.4	Tabel liabilities and not accept the discussion	0.	10,005,033.	
_		Total liabilities and net assets/fund balances		10,005,055	
F	art	Analysis of Changes in Net Assets or Fund Ba	alances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 3	30		
		st agree with end-of-year figure reported on prior year's return)		1	0.
2		amount from Part I, line 27a		2	10,005,033.
3		r increases not included in line 2 (itemize)			0.
4		lines 1, 2, and 3		4	10,005,033.
		eases not included in line 2 (itemize)			0.
<u>6</u> _	Lota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	10,005,033. Form 990-PF (2017)

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co)				(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr.)	(d) Date sold (mo , day, yr.
NC	NE					
						
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale		(h) Gain or (loss ((e) plus (f) minus	
						
						
Complete only for assets shown	ng gain in column (h) and owned b	y the foundation	on 12/31/69.		(I) Gains (Col. (h) gain	minus
(1) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (i) col. (j), if any		col (k), but not less that Losses (from col. (n -0-) or
						-
	C 16 man also and	Laure Dank Librar				
apital gain net income or (net c	apıtal loss) 🥤 If (loss), enter -	ter in Part I, line -0- in Part I, line	7	} 2		
let short-term capital gain or (lo gain, also enter in Part I, line 8,	ss) as defined in sections 1222(5) a	and (6):				
(loss), enter -0- in Part I, line 8)		
				1131		
rt V Qualification L	Inder Section 4940(e) fo	r Reduced	Tax on Net	Investment Ir	ncome	
· · · · · · · · · · · · · · · · · · ·	Inder Section 4940(e) for e foundations subject to the section				ncome	N/A
optional use by domestic privat	e foundations subject to the section				ncome	N/A
optional use by domestic privat ction 4940(d)(2) applies, leave t	e foundations subject to the section his part blank.	n 4940(a) tax on	net investment in	acome.)	ncome	
optional use by domestic privat ction 4940(d)(2) applies, leave t the foundation liable for the sec	e foundations subject to the section his part blank. tion 4942 tax on the distributable a	n 4940(a) tax on	net investment in	acome.)	ncome	N/A
optional use by domestic privat ction 4940(d)(2) applies, leave t the foundation liable for the sec es," the foundation doesn't quali	e foundations subject to the section his part blank. tion 4942 tax on the distributable a fy under section 4940(e). Do not co	n 4940(a) tax on amount of any ye complete this part	net investment in ear in the base per t.	riod?	ncome	
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	n 990-PF (2017) ROBERT & MARY COBB FAMILY FOUNDATION art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	82-3 948 -	3662305 see instru	ction	Page 4
18	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1				
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				
t	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1		1	01.
	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).				
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2			0.
	Add lines 1 and 2	3		1	01.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	4			0.
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	5		1	01.
6	Credits/Payments;				
	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 6	1			
	Exempt foreign organizations - tax withheld at source 6b 0 .	İ			
	Tax paid with application for extension of time to file (Form 8868) 6c 0.				
	Backup withholding erroneously withheld 6d 0 •	}			
	Total credits and payments. Add lines 6a through 6d	7			0.
R	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			0.
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9		1	01.
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			<u> </u>
	Enter the amount of line 10 to be: Credited to 2018 estimated tax	11			
	irt VII-A Statements Regarding Activities				
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın.		Yes	No
10	any political campaign?		1a		X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the defin	tion	1b		X
٠	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or	11011	10		
	distributed by the foundation in connection with the activities.				
^	Did the foundation file Form 1120-POL for this year?		10		х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		16		- 41
u	(1) On the foundation \blacktriangleright \$ (2) On foundation managers. \blacktriangleright \$ 0 .				
۰	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
-	managers. > \$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		Х
2	If "Yes," attach a detailed description of the activities		2		
9	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	-			
3	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	ı			X
40	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		3 4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N/			
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	147	A 4b 5		X
J	If "Yes," attach the statement required by General Instruction T		1		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
U	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 	low			
		Iavv	ا ء		x
7	remain in the governing instrument? Old the foundation have at least \$5,000 in assets at any time during the year? If "Yes " complete Part II, and (a) and Part XV.		7	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, coi. (c), and Part XV				
Ωa	Enter the states to which the foundation reports or with which it is registered. See instructions.				
va	AL				
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				
U	of each state as required by General Instruction G? If "No," attach explanation		8b	X_	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale	ndar	- 00		
J	year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV	·uui	9		X_
10		TMT	3 10	X	
.,,	auguri a sorieude fishing treir maires and adulesses		Form 990		(2017)

valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach

b If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after 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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

Form 4720, to determine if the foundation had excess business holdings in 2017.)

had not been removed from jeopardy before the first day of the tax year beginning in 2017?

Form **990-PF** (2017)

Х

N/A

N/A

Yes X No

2b

3ь

4a

statement - see instructions.)

during the year?

Form 990-PF (2017) ROBERT & MARY COBB FAMILY FOUNDATION 82-3662305 Page						
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be	Required (contin	nued)			
5a During the year, did the foundation pay or incur any amount to:				Ý	es	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (secti	on 4945(e))?	Y	es X No			
(2) Influence the outcome of any specific public election (see section 4955);						
any voter registration drive?			es X No			
(3) Provide a grant to an individual for travel, study, or other similar purpose	s?		es X No	1		
(4) Provide a grant to an organization other than a charitable, etc., organization						
4945(d)(4)(A)? See instructions	an described in descrion	v	es X No			
(5) Provide for any purpose other than religious, charitable, scientific, literary	v or educational nurnoses, or					
the prevention of cruelty to children or animals?	y, or caddational parpoolog of		es X No	ĺ		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify up	nder the excentions described		23 22 110	-		
section 53.4945 or in a current notice regarding disaster assistance? See ins		iii riogolationo	N/A	5b		
Organizations relying on a current notice regarding disaster assistance, check				30		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption		unad				
expenditure responsibility for the grant?		_ /				
If "Yes," attach the statement required by Regulations section 53.4945-5(d).	T.	1/A1	es No			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	a nou promumo on					
a personal benefit contract?	pay premiums on		. .			
·		Y(es X No			7.7
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?		-	6b		<u>X</u>
If "Yes" to 6b, file Form 8870		<u> </u>	(
7a At any time during the tax year, was the foundation a party to a prohibited tax		Yo	es X No			
b If "Yes," did the foundation receive any proceeds or have any net income attrit Part VIII Information About Officers, Directors, Trus				7b		
Part VIII Information About Officers, Directors, Trus Paid Employees, and Contractors	tees, Foundation Ma	anagers, Higni	y			
List all officers, directors, trustees, and foundation managers and	their compensation					
List all officers, directors, trustees, and foundation managers and		(c) Compensation	(d) Contributions to		Expe	nca
(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	aċc∢	ount, lowan	other
ROBERT M. COBB	DIRECTOR	•				
3124 GUILFORD ROAD	7					
BIRMINGHAM, AL 35223	1.00	0.	0.			0.
MARY K. COBB	DIRECTOR					
3124 GUILFORD ROAD						
BIRMINGHAM, AL 35223	1.00	0.	0.			0.
MARY LOUISE S. BROOKS	DIRECTOR					
3524 ACORN AVENUE						
TUSCALOOSA, AL 35406	1.00	0.	0.			0.
BONNIE S. FLOURNOY	DIRECTOR	-				
3345 WOOD VALLEY ROAD	DIRECTOR					
ATLANTA, GA 30327	1.00	0.	0.			0.
2 Compensation of five highest-paid employees (other than those in						
(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	(e)	Expe	ense other
(a) name and address of each employee paid more than \$50,000	devoted to position	(C) Compensation	compensation		lowan	
NONE						
				L		
Total number of other employees paid over \$50,000						0
			Form	990-	PF (2017)

Form 990-PF (2017) ROBERT & MARY COBB FAMILY FOUNT Part VIII Information About Officers, Directors, Trustees, Foun	DATION 82- dation Managers, Highly	3662305 Page 7
Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, en		
(a) Name and address of each person paid more than \$50,000 NONE	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant stanumber of organizations and other beneficiaries served, conferences convened, research papers p	itistical information such as the	Expenses
1 N/A	Toduced, etc.	
1		
2		
2		·-·
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year	on lines 1 and 2	Amount
1 <u>N/A</u>		
2		
All other program-related investments. See instructions		
3		
		1
Total Add lines 1 through 3		

Form **990-PF** (2017)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndatior	ns, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	Г	
а		1a	119,315.
b	Average of monthly cash balances	1b	280,679.
c	Fair market value of all other assets	1c	20070.30
d		1d	399,994.
е	Reduction claimed for blockage or other factors reported on lines 1a and	- '' -	333755-5
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	399,994.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	6,000.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	393,994.
6	Minimum investment return Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	1,349.
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.)	ıd certai	nn
1	Minimum investment return from Part X, line 6	1	1,349.
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	101.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,248.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,248.
6	Deduction from distributable amount (see instructions)	6	0.
<u>7</u>	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	1,248.
<u> </u>	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		0
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	0.
b	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:		
a	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	0.
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	<u> </u>
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	0.
6	Income Enter 1% of Part I, line 27b Adjusted qualifying distributions Subtract line 5 from line 4	6	0.
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.	łuaiiii65	

Form **990-PF** (2017)

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, line 7			2010	1,248.
2 Undistributed income, if any, as of the end of 2017				1/2101
a Enter amount for 2016 only			0.	
b Total for prior years:				
Excess distributions carryover, if any, to 2017		0.		
a From 2012				
b From 2013]			
c From 2014				
d From 2015				
e From 2016				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2017 from				· · · · · · · · · · · · · · · · · · ·
Part XII, line 4 ► \$ 0.				
a Applied to 2016, but not more than line 2a			0.	
b Applied to undistributed income of prior			0.	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		0.		
(Election required - see instructions)	0.			
d Applied to 2017 distributable amount	•			0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2017	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below.				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
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				1,248.
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	0.			
9 Excess distributions carryover to 2018				
Subtract lines 7 and 8 from line 6a	0.			
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				

Form 990-PF (2017) ROBERT	& MARY COBE	FAMILY FOU	NDATION	82-36	62305 Page 10
Part XIV Private Operating			-A, question 9)	N/A	
1 a If the foundation has received a ruling of		. , .			/
foundation, and the ruling is effective for b Check box to indicate whether the foun	//			1040(1)(2) == 140	10(1)(5)
	Tax year	ng touridation described t		4942(j)(3) or 494	12(j)(5)
2 a Enter the lesser of the adjusted net	(a) 2017	(b) 2016	Prior 3 years (c) 2015	(d) 2014	(e) Total
income from Part I or the minimum	(a) 20.17	(0) 2010	(6) 2015	(0) 2014 /	(6) 10181
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				1	
used directly for active conduct of			[/	
exempt activities					
 Qualifying distributions made directly 			//		
for active conduct of exempt activities.		"		}	
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the			1		
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 listed					
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	/ (0)			1 - I 05 000	· · · · · · · · · · · · · · · · · · ·
Part XV Supplementary Info			it the foundation	nad \$5,000 or mo	re in assets
at any time during t	ne year-see insti	ructions.)			
1 Information Regarding Foundation	-				
a List any managers of the foundation wh			ributions received by the	foundation before the clos	e of any tax
year (but only if they have contributed r	nore than \$5,000). (See s	section 507(d)(2))			
ROBERT M. COBB					
b List any managers of the foundation who other entity) of which the foundation ha			or an equally large porti	on of the ownership of a pa	rtnership or
NONE	-				
2 Information Regarding Contribut	on Grant Gift Loan	Scholarchin etc. Pr	ograme:	 -	
Check here ► X if the foundation of the foundation makes gifts, grants, etc	only makes contributions	to preselected charitable	organizations and does		ests for funds. If
a The name, address, and telephone num					
a the hame, address, and telephone ham	ibbi of official address of the	no porcon to milom applic	and the critical de dediction	· = · = · · ·	
b The form in which applications should t	pe submitted and informa	tion and materials they sh	nould include:		
c Any submission deadlines					
d Any restrictions or limitations on award	s. such as hy geographic	al areas, charitable fields.	kınds of institutions, or	other factors	
, or minding on award	e, saon as by goograpino				
723601 01-03-18					Form 990-PF (2017)

3 Grants and Contributions Paid During the Year or Approved for Future Payment							
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount			
Name and address (home or business)	or substantial contributor	recipient	CONTRIBUTION				
a Paid during the year							
NONE							
	'						
Total		<u> </u>	▶ 3a	0.			
b Approved for future payment							
NONE							
NONE							
Total			▶ 3b	0. Form 990-PF (2017)			
			f	orm 990-PF (2017)			

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income			ded by section 512, 513, or 514	(e)	
1 Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income	
	0000		1000			
b			1			
c			1			
d		<u>. </u>	+			
e						
f		· · · - · · · · · · · · · · · · · · · ·				
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	5,033.		
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			1			
property						
7 Other investment income					-	
8 Gain or (loss) from sales of assets other						
than inventory						
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue.						
a	L I					
b						
C						
d						
e						
2 Subtotal Add columns (b), (d), and (e)		0.		5,033.	0.	
3 Total Add line 12, columns (b), (d), and (e)				13	5,033.	
See worksheet in line 13 instructions to verify calculations)						
Part XVI-B Relationship of Activities to	o the Acco	mplishment of Ex	cemp	t Purposes		
······································				· · · · · · · · · · · · · · · · · · ·		
Line No Explain below how each activity for which income			contrib	outed importantly to the accon	aplishment of	
the foundation's exempt purposes (other than t	by providing tur	ios for such purposes).				
			····			
						
						
				· 		
						
	<u> </u>					
		 				

Form **990-PF** (2017)

Part XVII	Information Re Exempt Organi	garding Tr	ransfers to a	and Transa	ctions an	nd Relations		charitable		gc 10	
1 Did the o			any of the following	ng with any othe	r organization	n described in sect	ion 501(c)		Yes	No	
Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?								İ			
	s from the reporting foundat										
(1) Cash	1							1a(1)		_X_	
(2) Othe								1a(2)		_X	
	nsactions.								}	ı	
	s of assets to a noncharitab							1b(1)		_ <u>X</u> _	
	hases of assets from a non-		ipt organization					1b(2)		X	
	al of facilities, equipment, o ibursement arrangements	i other assets						1b(3)		X	
	is or loan guarantees							1b(4) 1b(5)		X	
	ormance of services or mem	nbership or fun	draising solicitatio	ons				1b(6)		X	
	of facilities, equipment, maili							10		X	
d If the ans	wer to any of the above is "\	Yes," complete	the following sche	edule. Column (b) should alw	ays show the fair n	narket value of the go	ods, other ass	ets,		
or service	es given by the reporting fol	undation. If the	foundation receiv	ed less than fair	market value	e in any transaction	or sharing arrangem	ient, show in			
	d) the value of the goods, of										
(a) Line no	(b) Amount involved	(c) Nam	c) Name of noncharitable exempt organization			(d) Description	of transfers transaction	s, and sharing ari	rangeme	nts	
			N/A			-					
											
-											
						 					
						<u> </u>					
							•				
						-		 			
						+	-	 			
				-							
						1					
2a Is the four	ndation directly or indirectly	affiliated with.	or related to, one	or more tax-exe	mpt organiza	ations described					
	501(c) (other than section							Yes	X	No	
b If "Yes," co	omplete the following sched										
	(a) Name of organ	nization		(b) Type of org	janization		c) Description of rela	itionship			
	N/A									-	
								<u> </u>			
								·			
	penalties of perjury. I declare the							May the IDC a	hagues	this	
Sign	elief, it is true, correct, and comp	lete Declaration of	of preparer (other than	n_taxpayer) is based مرسر	on all informat	tion of which preparer	has any knowledge	May the IRS of return with the shown below?	e prepar	er	
Here	1/1/0/1/	W (1	W	15/19	3/18	DIRECT	OR	X Yes		No	
Sigr	nature of officer or trustee	, 00		Date	7	Title		` L			
	Print/Type preparer's nam	16	Preparer's si	ignature		Date		PTIN			
Daid			1/1)	1//	CD_	5-15-18	-self- employed				
Paid Preparer	M.V. HAROCCA, CIA						P00071607 Firm's EIN ► 26-3731278				
Use Only	Firm's name ► DIPIAZZA, LAROCCA, HEETÉR & CO, LLC						Firm's EIN ► 26	-3/312	78		
505 Omy	Firm's address ▶ P .	O. BOY	530095				 				
	BIRMINGHAM AL 35253-0095						Phone no 205-871-9973				

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 **Employer identification number** ROBERT & MARY COBB FAMILY FOUNDATION 82-3662305 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 Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributors **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) 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 any one contributor, 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, or (ii) Form 990-EZ, line 1 Complete Parts I and II 🔟 For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file 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)

but it must answer "No" on 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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

Employer identification number

ROBERT & MARY COBB FAMILY FOUNDATION

82-3662305

Part I	Contributors (see instructions) Use duplicate copies of Part I if	f additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROBERT M. COBB 3124 GUILFORD ROAD BIRMINGHAM, AL 35223	\$ 10,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli 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)
(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

ROBERT & MARY COBB FAMILY FOUNDATION

82-3662305

art II N	oncash Property (see instructions) Use duplicate copies of P.	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	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		 \$		
(0)				
(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	
$-\mid$				
453 11-01-17		Schedule B (Form	990, 990-EZ, or 990-PF)	

Name of org	anization		Employer identification number
ROBERT	C & MARY COBB FAMILY FO	IINDATTON	82-3662305
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete completing Part III enter the total of exclusively religiou. Use duplicate copies of Part III if addition	ributions to organizations describe columns (a) through (e) and the follows, charitable, etc., contributions of \$1,000 or \$1,0	d in section 501(c)(7), (8), or (10) that total more than \$1,000 for
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
_	Transferee's name, address, a	(e) Transfer of gi	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
		(e) Transfer of gi	ft
_	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
		(e) Transfer of gi	ft
	Transferee's name, address, at	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
		(e) Transfer of gi	ft
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
			Schedule R /Form 990, 990-E7, or 990-PF) (2017

FORM 990-PF	DIVIDENDS	AND I	NTEREST	FROM	SECUR	ITIES	SI	ATEMENT	1		
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS		(A) REVENUE PER BOOKS		(B) NET INVEST- MENT INCOME					
ATLANTIC TRUST	5,033.		0.	5	5,033.	5,033.					
TO PART I, LINE 4	5,033.	0.		5,033.		5,033.					
FORM 990-PF		OTHER	INVEST	MENTS			ST	ATEMENT	2		
DESCRIPTION			VALUA METH		воо	K VALUE	FA	.IR MARKE' VALUE	Г		
ATLANTIC TRUST DIVIDENDS REINVESTED			COST		2,983,019. 5,033.		2,982,876.				
TOTAL TO FORM 990-PF, PART II, L		LINE	13	2,988,052.		2,982,876.					
FORM 990-PF	-PF LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10					ST	АТЕМЕМТ	3			
NAME OF CONTRIBUTOR			ADDRESS								
ROBERT M. COBB			3124 GU	ILFORI	D ROAD						

BIRMINGHAM, AL 35223