

For calendar year 2018, or tax year beginning 01-01-2018, and ending 12-31-2018

|                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                    |                                                                                                                                                                              |                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| Name of foundation<br>ALBEMARLE FOUNDATION                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                    | A Employer identification number<br>20-4798471                                                                                                                               |                                                         |
| Number and street (or P O box number if mail is not delivered to street address)<br>4250 CONGRESS STREET STE 900                                                                                                                                                                                                          |                                                                                                                                                                                                    | Room/suite                                                                                                                                                                   | B Telephone number (see instructions)<br>(980) 299-5531 |
| City or town, state or province, country, and ZIP or foreign postal code<br>CHARLOTTE, NC 28209                                                                                                                                                                                                                           |                                                                                                                                                                                                    | C If exemption application is pending, check here <input type="checkbox"/>                                                                                                   |                                                         |
| G Check all that apply<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return<br><input checked="" type="checkbox"/> Address change<br><input type="checkbox"/> Initial return of a former public charity<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Name change |                                                                                                                                                                                                    | D 1. Foreign organizations, check here <input type="checkbox"/><br>2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> |                                                         |
| H Check type of organization<br><input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust<br><input type="checkbox"/> Other taxable private foundation                                                                    |                                                                                                                                                                                                    | E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>                                                                |                                                         |
| I Fair market value of all assets at end of year (from Part II, col (c), line 16) <b>\$</b> 23,698,484                                                                                                                                                                                                                    | J Accounting method<br><input type="checkbox"/> Cash<br><input checked="" type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) <u>(Part I, column (d) must be on cash basis )</u> | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>                                                             |                                                         |

| Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</small> |                                                                                                     | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------|---------------------------|-------------------------|-------------------------------------------------------------|
| Revenue                                                                                                                                                                            | 1 Contributions, gifts, grants, etc , received (attach schedule)                                    | 18,656,182                         |                           |                         |                                                             |
|                                                                                                                                                                                    | 2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . . |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | 3 Interest on savings and temporary cash investments . . . . .                                      | 212,302                            | 212,302                   |                         |                                                             |
|                                                                                                                                                                                    | 4 Dividends and interest from securities . . . . .                                                  | 212,677                            | 212,677                   |                         |                                                             |
|                                                                                                                                                                                    | 5a Gross rents . . . . .                                                                            |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | b Net rental income or (loss) _____                                                                 |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | 6a Net gain or (loss) from sale of assets not on line 10 _____                                      | 396,067                            |                           |                         |                                                             |
|                                                                                                                                                                                    | b Gross sales price for all assets on line 6a _____ 396,067                                         |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | 7 Capital gain net income (from Part IV, line 2) . . . . .                                          |                                    | 396,067                   |                         |                                                             |
|                                                                                                                                                                                    | 8 Net short-term capital gain . . . . .                                                             |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | 9 Income modifications . . . . .                                                                    |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | 10a Gross sales less returns and allowances _____                                                   |                                    |                           |                         |                                                             |
| Operating and Administrative Expenses                                                                                                                                              | b Less Cost of goods sold . . . . .                                                                 |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | c Gross profit or (loss) (attach schedule) . . . . .                                                |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | 11 Other income (attach schedule) . . . . .                                                         |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | 12 <b>Total.</b> Add lines 1 through 11 . . . . .                                                   | 19,477,228                         | 821,046                   |                         |                                                             |
|                                                                                                                                                                                    | 13 Compensation of officers, directors, trustees, etc . . . . .                                     | 241,417                            | 0                         |                         | 241,417                                                     |
|                                                                                                                                                                                    | 14 Other employee salaries and wages . . . . .                                                      | 138,197                            | 0                         |                         | 138,197                                                     |
|                                                                                                                                                                                    | 15 Pension plans, employee benefits . . . . .                                                       | 66,032                             | 0                         |                         | 66,032                                                      |
|                                                                                                                                                                                    | 16a Legal fees (attach schedule) . . . . .                                                          |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | b Accounting fees (attach schedule) . . . . .                                                       | 9,500                              | 0                         |                         | 9,500                                                       |
|                                                                                                                                                                                    | c Other professional fees (attach schedule) . . . . .                                               | 43,915                             | 0                         |                         | 43,915                                                      |
|                                                                                                                                                                                    | 17 Interest . . . . .                                                                               |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | 18 Taxes (attach schedule) (see instructions) . . . . .                                             | 55,490                             | 7,806                     |                         | 25,722                                                      |
|                                                                                                                                                                                    | 19 Depreciation (attach schedule) and depletion . . . . .                                           |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | 20 Occupancy . . . . .                                                                              |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | 21 Travel, conferences, and meetings . . . . .                                                      | 11,624                             | 0                         |                         | 11,624                                                      |
|                                                                                                                                                                                    | 22 Printing and publications . . . . .                                                              |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | 23 Other expenses (attach schedule) . . . . .                                                       | 175,402                            | 114,717                   |                         | 17,580                                                      |
|                                                                                                                                                                                    | 24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .            | 741,577                            | 122,523                   |                         | 553,987                                                     |
|                                                                                                                                                                                    | 25 Contributions, gifts, grants paid . . . . .                                                      | 3,693,128                          |                           |                         | 5,608,728                                                   |
|                                                                                                                                                                                    | 26 <b>Total expenses and disbursements.</b> Add lines 24 and 25                                     | 4,434,705                          | 122,523                   |                         | 6,162,715                                                   |
|                                                                                                                                                                                    | 27 Subtract line 26 from line 12                                                                    |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | a <b>Excess of revenue over expenses and disbursements</b>                                          | 15,042,523                         |                           |                         |                                                             |
|                                                                                                                                                                                    | b <b>Net investment income</b> (if negative, enter -0-)                                             |                                    | 698,523                   |                         |                                                             |
| c <b>Adjusted net income</b> (if negative, enter -0-)                                                                                                                              |                                                                                                     |                                    |                           |                         |                                                             |

| Part II Balance Sheets                                                                               |                                                                                                                                                      | Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) |                |                       |
|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------|-----------------------|
|                                                                                                      |                                                                                                                                                      | Beginning of year                                                                                                  | End of year    |                       |
|                                                                                                      |                                                                                                                                                      | (a) Book Value                                                                                                     | (b) Book Value | (c) Fair Market Value |
| Assets                                                                                               | 1 Cash—non-interest-bearing . . . . .                                                                                                                | 947,015                                                                                                            | 895,007        | 895,007               |
|                                                                                                      | 2 Savings and temporary cash investments . . . . .                                                                                                   | 342,224                                                                                                            | 1,892,360      | 1,892,360             |
|                                                                                                      | 3 Accounts receivable ▶ _____<br>Less allowance for doubtful accounts ▶ _____                                                                        |                                                                                                                    |                |                       |
|                                                                                                      | 4 Pledges receivable ▶ _____ 134,423<br>Less allowance for doubtful accounts ▶ _____                                                                 | 750,248                                                                                                            | 134,423        | 134,423               |
|                                                                                                      | 5 Grants receivable . . . . .                                                                                                                        | 448                                                                                                                |                |                       |
|                                                                                                      | 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .                  |                                                                                                                    |                |                       |
|                                                                                                      | 7 Other notes and loans receivable (attach schedule) ▶ _____<br>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 (attach schedule)                                                                               | 2,103,430                                                                                                          | 3,546,286      | 3,546,286             |
|                                                                                                      | b Investments—corporate stock (attach schedule) . . . . .                                                                                            | 6,397,862                                                                                                          | 7,794,091      | 7,794,091             |
|                                                                                                      | c Investments—corporate bonds (attach schedule) . . . . .                                                                                            | 1,258,818                                                                                                          | 2,544,770      | 2,544,770             |
|                                                                                                      | 11 Investments—land, buildings, and equipment basis ▶ _____<br>Less accumulated depreciation (attach schedule) ▶ _____                               |                                                                                                                    |                |                       |
|                                                                                                      | 12 Investments—mortgage loans . . . . .                                                                                                              |                                                                                                                    |                |                       |
|                                                                                                      | 13 Investments—other (attach schedule) . . . . .                                                                                                     | 0                                                                                                                  | 6,847,495      | 6,847,495             |
|                                                                                                      | 14 Land, buildings, and equipment basis ▶ _____<br>Less accumulated depreciation (attach schedule) ▶ _____                                           |                                                                                                                    |                |                       |
| 15 Other assets (describe ▶ _____)                                                                   | 51,200                                                                                                                                               | 44,052                                                                                                             | 44,052         |                       |
| 16 <b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I) | 11,851,245                                                                                                                                           | 23,698,484                                                                                                         | 23,698,484     |                       |
| Liabilities                                                                                          | 17 Accounts payable and accrued expenses . . . . .                                                                                                   | 96,228                                                                                                             | 77,571         |                       |
|                                                                                                      | 18 Grants payable . . . . .                                                                                                                          | 2,106,792                                                                                                          | 253,687        |                       |
|                                                                                                      | 19 Deferred revenue . . . . .                                                                                                                        |                                                                                                                    |                |                       |
|                                                                                                      | 20 Loans from officers, directors, trustees, and other disqualified persons                                                                          |                                                                                                                    |                |                       |
|                                                                                                      | 21 Mortgages and other notes payable (attach schedule) . . . . .                                                                                     |                                                                                                                    |                |                       |
|                                                                                                      | 22 Other liabilities (describe ▶ _____)                                                                                                              |                                                                                                                    |                |                       |
|                                                                                                      | 23 <b>Total liabilities</b> (add lines 17 through 22) . . . . .                                                                                      | 2,203,020                                                                                                          | 331,258        |                       |
| Net Assets or Fund Balances                                                                          | <b>Foundations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b> |                                                                                                                    |                |                       |
|                                                                                                      | 24 Unrestricted . . . . .                                                                                                                            | -4,250,793                                                                                                         | 9,018,005      |                       |
|                                                                                                      | 25 Temporarily restricted . . . . .                                                                                                                  | 13,899,018                                                                                                         | 14,349,221     |                       |
|                                                                                                      | 26 Permanently restricted . . . . .                                                                                                                  |                                                                                                                    |                |                       |
|                                                                                                      | <b>Foundations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 31.</b>                         |                                                                                                                    |                |                       |
|                                                                                                      | 27 Capital stock, trust principal, or current funds . . . . .                                                                                        |                                                                                                                    |                |                       |
|                                                                                                      | 28 Paid-in or capital surplus, or land, bldg , and equipment fund                                                                                    |                                                                                                                    |                |                       |
|                                                                                                      | 29 Retained earnings, accumulated income, endowment, or other funds                                                                                  |                                                                                                                    |                |                       |
|                                                                                                      | 30 <b>Total net assets or fund balances</b> (see instructions) . . . . .                                                                             | 9,648,225                                                                                                          | 23,367,226     |                       |
|                                                                                                      | 31 <b>Total liabilities and net assets/fund balances</b> (see instructions) .                                                                        | 11,851,245                                                                                                         | 23,698,484     |                       |

| 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 | 9,648,225  |
| 2 Enter amount from Part I, line 27a . . . . .                                                                                                                       | 2 | 15,042,523 |
| 3 Other increases not included in line 2 (itemize) ▶ _____                                                                                                           | 3 | 0          |
| 4 Add lines 1, 2, and 3 . . . . .                                                                                                                                    | 4 | 24,690,748 |
| 5 Decreases not included in line 2 (itemize) ▶ _____                                                                                                                 | 5 | 1,323,522  |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .                                                              | 6 | 23,367,226 |

**Part IV Capital Gains and Losses for Tax on Investment Income**

| (a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co ) |  | (b)<br>How acquired<br>P—Purchase<br>D—Donation | (c)<br>Date acquired<br>(mo , day, yr ) | (d)<br>Date sold<br>(mo , day, yr ) |
|-----------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------|-----------------------------------------|-------------------------------------|
| <b>1 a</b> US TRUST                                                                                                               |  | P                                               |                                         |                                     |
| <b>b</b> CAPITAL GAINS DIVIDENDS                                                                                                  |  | P                                               |                                         |                                     |
| <b>c</b>                                                                                                                          |  |                                                 |                                         |                                     |
| <b>d</b>                                                                                                                          |  |                                                 |                                         |                                     |
| <b>e</b>                                                                                                                          |  |                                                 |                                         |                                     |

  

| (e)<br>Gross sales price | (f)<br>Depreciation allowed<br>(or allowable) | (g)<br>Cost or other basis<br>plus expense of sale | (h)<br>Gain or (loss)<br>(e) plus (f) minus (g) |
|--------------------------|-----------------------------------------------|----------------------------------------------------|-------------------------------------------------|
| <b>a</b> 356,951         |                                               |                                                    | 356,951                                         |
| <b>b</b> 39,116          |                                               |                                                    | 39,116                                          |
| <b>c</b>                 |                                               |                                                    |                                                 |
| <b>d</b>                 |                                               |                                                    |                                                 |
| <b>e</b>                 |                                               |                                                    |                                                 |

  

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 |                                         |                                                  | (l)<br>Gains (Col (h) gain minus<br>col (k), but not less than -0-) or<br>Losses (from col (h)) |
|---------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------|
| (i)<br>F M V as of 12/31/69                                                                 | (j)<br>Adjusted basis<br>as of 12/31/69 | (k)<br>Excess of col (i)<br>over col (j), if any |                                                                                                 |
| <b>a</b>                                                                                    |                                         |                                                  | 356,951                                                                                         |
| <b>b</b>                                                                                    |                                         |                                                  | 39,116                                                                                          |
| <b>c</b>                                                                                    |                                         |                                                  |                                                                                                 |
| <b>d</b>                                                                                    |                                         |                                                  |                                                                                                 |
| <b>e</b>                                                                                    |                                         |                                                  |                                                                                                 |

  

|                                                                                                                                                                                                         |                                                                                     |          |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------|---------|
| <b>2</b> Capital gain net income or (net capital loss)                                                                                                                                                  | { If gain, also enter in Part I, line 7<br>If (loss), enter -0- in Part I, line 7 } | <b>2</b> | 396,067 |
| <b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)<br>If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0-<br>in Part I, line 8 |                                                                                     | <b>3</b> |         |

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

**1** Enter the appropriate amount in each column for each year, see instructions before making any entries

| (a)<br>Base period years Calendar<br>year (or tax year beginning in) | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of noncharitable-use assets | (d)<br>Distribution ratio<br>(col (b) divided by col (c)) |
|----------------------------------------------------------------------|------------------------------------------|----------------------------------------------|-----------------------------------------------------------|
| 2017                                                                 | 5,016,619                                | 10,680,127                                   | 0 469715                                                  |
| 2016                                                                 | 4,512,638                                | 10,406,493                                   | 0 433637                                                  |
| 2015                                                                 | 3,739,853                                | 10,512,235                                   | 0 355762                                                  |
| 2014                                                                 | 3,483,045                                | 10,584,551                                   | 0 329069                                                  |
| 2013                                                                 | 3,068,284                                | 9,473,943                                    | 0 323866                                                  |

  

|                                                                                                                                                                                       |          |            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------|
| <b>2</b> Total of line 1, column (d)                                                                                                                                                  | <b>2</b> | 1 912049   |
| <b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years | <b>3</b> | 0 382410   |
| <b>4</b> Enter the net value of noncharitable-use assets for 2018 from Part X, line 5                                                                                                 | <b>4</b> | 19,345,037 |
| <b>5</b> Multiply line 4 by line 3                                                                                                                                                    | <b>5</b> | 7,397,736  |
| <b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)                                                                                                                   | <b>6</b> | 6,985      |
| <b>7</b> Add lines 5 and 6                                                                                                                                                            | <b>7</b> | 7,404,721  |
| <b>8</b> Enter qualifying distributions from Part XII, line 4                                                                                                                         | <b>8</b> | 6,162,715  |

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

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

|           |                                                                                                                                                                                                                                   |           |        |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>1a</b> | Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1<br>Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions) |           |        |
| <b>b</b>  | Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . .                                                                         | <b>1</b>  | 13,970 |
| <b>c</b>  | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)                                                                                                            |           |        |
| <b>2</b>  | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                         | <b>2</b>  | 0      |
| <b>3</b>  | Add lines 1 and 2. . . . .                                                                                                                                                                                                        | <b>3</b>  | 13,970 |
| <b>4</b>  | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                       | <b>4</b>  | 0      |
| <b>5</b>  | <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .                                                                                                                          | <b>5</b>  | 13,970 |
| <b>6</b>  | Credits/Payments                                                                                                                                                                                                                  |           |        |
| <b>a</b>  | 2018 estimated tax payments and 2017 overpayment credited to 2018                                                                                                                                                                 | <b>6a</b> | 23,681 |
| <b>b</b>  | Exempt foreign organizations—tax withheld at source . . . . .                                                                                                                                                                     | <b>6b</b> |        |
| <b>c</b>  | Tax paid with application for extension of time to file (Form 8868) . . . . .                                                                                                                                                     | <b>6c</b> | 0      |
| <b>d</b>  | Backup withholding erroneously withheld . . . . .                                                                                                                                                                                 | <b>6d</b> | 0      |
| <b>7</b>  | Total credits and payments. Add lines 6a through 6d. . . . .                                                                                                                                                                      | <b>7</b>  | 23,681 |
| <b>8</b>  | Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached                                                                                                          | <b>8</b>  | 0      |
| <b>9</b>  | <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .                                                                                                                             | <b>9</b>  |        |
| <b>10</b> | <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .                                                                                                                 | <b>10</b> | 9,711  |
| <b>11</b> | Enter the amount of line 10 to be <b>Credited to 2019 estimated tax</b> <input type="checkbox"/> 9,711 <b>Refunded</b> <input type="checkbox"/>                                                                                   | <b>11</b> | 0      |

**Part VII-A Statements Regarding Activities**

|                                                                                                                                                                                                                                                                                                                                                                         | Yes       | No  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .                                                                                                                                                                                | <b>1a</b> | No  |
| <b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). . . . .<br>If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities | <b>1b</b> | No  |
| <b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .                                                                                                                                                                                                                                                                                          | <b>1c</b> | No  |
| <b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year<br>(1) On the foundation <input type="checkbox"/> \$ 0 (2) On foundation managers <input type="checkbox"/> \$ 0                                                                                                                                              |           |     |
| <b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0                                                                                                                                                                                             |           |     |
| <b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .<br>If "Yes," attach a detailed description of the activities                                                                                                                                                                                         | <b>2</b>  | No  |
| <b>3</b> 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 . . . . .                                                                                                                           | <b>3</b>  | No  |
| <b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .                                                                                                                                                                                                                                                         | <b>4a</b> | No  |
| <b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .                                                                                                                                                                                                                                                                              | <b>4b</b> |     |
| <b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .<br>If "Yes," attach the statement required by General Instruction T                                                                                                                                                                                   | <b>5</b>  | No  |
| <b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either<br>• By language in the governing instrument, or<br>• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .                    | <b>6</b>  | Yes |
| <b>7</b> 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 . . . . .                                                                                                                                                                                                                     | <b>7</b>  | Yes |
| <b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions)<br><input type="checkbox"/> LA, VA, TX, NC                                                                                                                                                                                                                 |           |     |
| <b>b</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 .                                                                                                                                                  | <b>8b</b> | Yes |
| <b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the taxable year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV . . . . .                                                                                              | <b>9</b>  | No  |
| <b>10</b> Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses . . . . .                                                                                                                                                                                                                  | <b>10</b> | No  |

**Part VII-A Statements Regarding Activities** (continued)

|           |                                                                                                                                                                                                  |           |            |           |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|
| <b>11</b> | 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. . . . .  | <b>11</b> |            | <b>No</b> |
| <b>12</b> | 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. . . . . | <b>12</b> |            | <b>No</b> |
| <b>13</b> | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>WWW.ALBEMARLEFOUNDATION.ORG</b>                           | <b>13</b> | <b>Yes</b> |           |
| <b>14</b> | The books are in care of <b>THE FOUNDATION</b> Telephone no <b>(980) 299-5531</b>                                                                                                                |           |            |           |

Located at **4250 CONGRESS STREET STE 900 CHARLOTTE NC**ZIP+4 **28209**

|           |                                                                                                                                                                                                                                                                                                                                               |           |                         |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| <b>15</b> | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . . <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>15</b>                                                                                              |           |                         |
| <b>16</b> | At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . . See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country <b>▶</b> | <b>16</b> | <b>Yes</b><br><b>No</b> |

**Part 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.**

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |            |           |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|
| <b>1a</b> | During the year did the foundation (either directly or indirectly)                                                                                                                                                                                                                                                                                                                                                                                                                                      |           | <b>Yes</b> | <b>No</b> |
|           | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                              |           |            |           |
|           | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                      |           |            |           |
|           | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                          |           |            |           |
|           | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                |           |            |           |
|           | (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                       |           |            |           |
|           | (6) Agree to pay money or property to a government official? ( <b>Exception.</b> 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). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                             |           |            |           |
| <b>b</b>  | If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. . . . . Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/>                                                                                                                                                         | <b>1b</b> |            | <b>No</b> |
| <b>c</b>  | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018? . . . . .                                                                                                                                                                                                                                                                                                       | <b>1c</b> |            | <b>No</b> |
| <b>2</b>  | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))                                                                                                                                                                                                                                                                                                                           |           |            |           |
| <b>a</b>  | At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <b>▶</b> 20____, 20____, 20____, 20____                                                                                                                                                                                                        |           |            |           |
| <b>b</b>  | Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions). . . . .                                                                                                                                                                           | <b>2b</b> |            |           |
| <b>c</b>  | If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here <b>▶</b> 20____, 20____, 20____, 20____                                                                                                                                                                                                                                                                                                                                          |           |            |           |
| <b>3a</b> | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                |           |            |           |
| <b>b</b>  | If "Yes," did it have excess business holdings in 2018 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, Form 4720, to determine if the foundation had excess business holdings in 2018). . . . . | <b>3b</b> |            |           |
| <b>4a</b> | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                                                                                                                                                                                                                                                                                                                                                                                         | <b>4a</b> |            | <b>No</b> |
| <b>b</b>  | 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 2018?                                                                                                                                                                                                                                                                       | <b>4b</b> |            | <b>No</b> |

**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (continued)

|           |                                                                                                                                                                                                                               |                                                                     |            |           |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------|-----------|
| <b>5a</b> | During the year did the foundation pay or incur any amount to                                                                                                                                                                 |                                                                     | <b>Yes</b> | <b>No</b> |
| (1)       | Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?                                                                                                                                         | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |           |
| (2)       | Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?                                                                               | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |           |
| (3)       | Provide a grant to an individual for travel, study, or other similar purposes?                                                                                                                                                | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |           |
| (4)       | Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.                                                                                          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |           |
| (5)       | Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?                                                             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |           |
| <b>b</b>  | If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions. |                                                                     | <b>5b</b>  |           |
| <b>c</b>  | Organizations relying on a current notice regarding disaster assistance check here.                                                                                                                                           | <input checked="" type="checkbox"/>                                 |            |           |
|           | If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No            |            |           |
|           | If "Yes," attach the statement required by Regulations section 53.4945–5(d)                                                                                                                                                   |                                                                     |            |           |
| <b>6a</b> | Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                               | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <b>6b</b>  | <b>No</b> |
| <b>b</b>  | Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                    |                                                                     |            |           |
|           | If "Yes" to 6b, file Form 8870                                                                                                                                                                                                |                                                                     |            |           |
| <b>7a</b> | At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?                                                                                                                          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <b>7b</b>  |           |
| <b>b</b>  | If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?                                                                                                                       |                                                                     |            |           |
| <b>8</b>  | Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?                                                                         | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |           |

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

| <b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>                       |                                                           |                                           |                                                                       |                                       |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| (a) Name and address                                                                                                                | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
| See Additional Data Table                                                                                                           |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
| <b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b> |                                                           |                                           |                                                                       |                                       |
| (a) Name and address of each employee paid more than \$50,000                                                                       | (b) Title, and average hours per week devoted to position | (c) Compensation                          | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
| ARCHANA PATELTHUMAN                                                                                                                 | EMPLOYEE                                                  | 62,306                                    | 19,569                                                                | 24                                    |
| 4250 CONGRESS STREET STE 900<br>CHARLOTTE, NC 28209                                                                                 | 40 00                                                     |                                           |                                                                       |                                       |
| ELENA GUILLORY                                                                                                                      | EMPLOYEE                                                  | 51,501                                    | 8,081                                                                 | 5                                     |
| 13100 SPACE CENTER BLVD<br>HOUSTON, TX 77059                                                                                        | 40 00                                                     |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
| <b>Total</b> number of other employees paid over \$50,000.                                                                          |                                                           |                                           |                                                                       | 0                                     |

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**
**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

| (a) Name and address of each person paid more than \$50,000                       | (b) Type of service | (c) Compensation |
|-----------------------------------------------------------------------------------|---------------------|------------------|
| US TRUST - BANK OF AMERICA                                                        | INVESTMENT SERVICES | 72,916           |
| PO BOX 1501                                                                       |                     |                  |
| PENNINGTON, NJ 085341501                                                          |                     |                  |
|                                                                                   |                     |                  |
|                                                                                   |                     |                  |
|                                                                                   |                     |                  |
|                                                                                   |                     |                  |
|                                                                                   |                     |                  |
|                                                                                   |                     |                  |
|                                                                                   |                     |                  |
|                                                                                   |                     |                  |
|                                                                                   |                     |                  |
| 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 statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

|          | Expenses |
|----------|----------|
| <b>1</b> |          |
|          |          |
|          |          |
| <b>2</b> |          |
|          |          |
|          |          |
| <b>3</b> |          |
|          |          |
|          |          |
| <b>4</b> |          |
|          |          |
|          |          |

**Part IX-B Summary of Program-Related Investments (see instructions)**

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Amount |
|------------------------------------------------------------------------------------------------------------------|--------|
| <b>1</b>                                                                                                         |        |
|                                                                                                                  |        |
|                                                                                                                  |        |
| <b>2</b>                                                                                                         |        |
|                                                                                                                  |        |
|                                                                                                                  |        |
| All other program-related investments. See instructions.                                                         |        |
| <b>3</b>                                                                                                         |        |
|                                                                                                                  |        |
|                                                                                                                  |        |
|                                                                                                                  |        |
| Total. Add lines 1 through 3 . . . . .                                                                           | 0      |

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

|          |                                                                                                             |           |            |
|----------|-------------------------------------------------------------------------------------------------------------|-----------|------------|
| <b>1</b> | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes  |           |            |
| <b>a</b> | Average monthly fair market value of securities.                                                            | <b>1a</b> | 18,897,199 |
| <b>b</b> | Average of monthly cash balances.                                                                           | <b>1b</b> | 742,432    |
| <b>c</b> | Fair market value of all other assets (see instructions).                                                   | <b>1c</b> | 0          |
| <b>d</b> | <b>Total</b> (add lines 1a, b, and c).                                                                      | <b>1d</b> | 19,639,631 |
| <b>e</b> | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).  | <b>1e</b> | 0          |
| <b>2</b> | Acquisition indebtedness applicable to line 1 assets.                                                       | <b>2</b>  | 0          |
| <b>3</b> | Subtract line 2 from line 1d.                                                                               | <b>3</b>  | 19,639,631 |
| <b>4</b> | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).  | <b>4</b>  | 294,594    |
| <b>5</b> | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 | <b>5</b>  | 19,345,037 |
| <b>6</b> | <b>Minimum investment return.</b> Enter 5% of line 5.                                                       | <b>6</b>  | 967,252    |

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

|           |                                                                                                            |           |           |
|-----------|------------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b>  | Minimum investment return from Part X, line 6.                                                             | <b>1</b>  | 967,252   |
| <b>2a</b> | Tax on investment income for 2018 from Part VI, line 5.                                                    | <b>2a</b> | 13,970    |
| <b>b</b>  | Income tax for 2018 (This does not include the tax from Part VI).                                          | <b>2b</b> |           |
| <b>c</b>  | Add lines 2a and 2b.                                                                                       | <b>2c</b> | 13,970    |
| <b>3</b>  | Distributable amount before adjustments. Subtract line 2c from line 1.                                     | <b>3</b>  | 953,282   |
| <b>4</b>  | Recoveries of amounts treated as qualifying distributions.                                                 | <b>4</b>  | 1,915,600 |
| <b>5</b>  | Add lines 3 and 4.                                                                                         | <b>5</b>  | 2,868,882 |
| <b>6</b>  | Deduction from distributable amount (see instructions).                                                    | <b>6</b>  | 0         |
| <b>7</b>  | <b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. | <b>7</b>  | 2,868,882 |

**Part XII Qualifying Distributions** (see instructions)

|          |                                                                                                                                                      |           |           |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b> | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes                                                            |           |           |
| <b>a</b> | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.                                                                         | <b>1a</b> | 6,162,715 |
| <b>b</b> | Program-related investments—total from Part IX-B.                                                                                                    | <b>1b</b> | 0         |
| <b>2</b> | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.                                           | <b>2</b>  |           |
| <b>3</b> | Amounts set aside for specific charitable projects that satisfy the                                                                                  |           |           |
| <b>a</b> | Suitability test (prior IRS approval required).                                                                                                      | <b>3a</b> |           |
| <b>b</b> | Cash distribution test (attach the required schedule).                                                                                               | <b>3b</b> |           |
| <b>4</b> | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4                                    | <b>4</b>  | 6,162,715 |
| <b>5</b> | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions. | <b>5</b>  | 0         |
| <b>6</b> | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.                                                                               | <b>6</b>  | 6,162,715 |

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII Undistributed Income** (see instructions)

|                                                                                                                                                                                            | (a)<br>Corpus | (b)<br>Years prior to 2017 | (c)<br>2017 | (d)<br>2018 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| <b>1</b> Distributable amount for 2018 from Part XI, line 7                                                                                                                                |               |                            |             | 2,868,882   |
| <b>2</b> Undistributed income, if any, as of the end of 2018                                                                                                                               |               |                            |             |             |
| <b>a</b> Enter amount for 2017 only. . . . .                                                                                                                                               |               |                            | 0           |             |
| <b>b</b> Total for prior years 20____, 20____, 20____                                                                                                                                      |               | 0                          |             |             |
| <b>3</b> Excess distributions carryover, if any, to 2018                                                                                                                                   |               |                            |             |             |
| <b>a</b> From 2013. . . . .                                                                                                                                                                | 2,600,089     |                            |             |             |
| <b>b</b> From 2014. . . . .                                                                                                                                                                | 2,959,053     |                            |             |             |
| <b>c</b> From 2015. . . . .                                                                                                                                                                | 3,221,756     |                            |             |             |
| <b>d</b> From 2016. . . . .                                                                                                                                                                | 3,999,832     |                            |             |             |
| <b>e</b> From 2017. . . . .                                                                                                                                                                | 4,497,057     |                            |             |             |
| <b>f</b> <b>Total</b> of lines 3a through e. . . . .                                                                                                                                       | 17,277,787    |                            |             |             |
| <b>4</b> Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ 6,162,715                                                                                                            |               |                            |             |             |
| <b>a</b> Applied to 2017, but not more than line 2a                                                                                                                                        |               |                            | 0           |             |
| <b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .                                                                                      |               | 0                          |             |             |
| <b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .                                                                                              | 0             |                            |             |             |
| <b>d</b> Applied to 2018 distributable amount. . . . .                                                                                                                                     |               |                            |             | 2,868,882   |
| <b>e</b> Remaining amount distributed out of corpus                                                                                                                                        | 3,293,833     |                            |             |             |
| <b>5</b> Excess distributions carryover applied to 2018<br>(If an amount appears in column (d), the same amount must be shown in column (a) )                                              | 0             |                            |             | 0           |
| <b>6</b> <b>Enter the net total of each column as indicated below:</b>                                                                                                                     |               |                            |             |             |
| <b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5                                                                                                                                   | 20,571,620    |                            |             |             |
| <b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .                                                                                                         |               | 0                          |             |             |
| <b>c</b> 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                          |             |             |
| <b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .                                                                                                           |               | 0                          |             |             |
| <b>e</b> Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .                                                                             |               |                            | 0           |             |
| <b>f</b> Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019 . . . . .                                                               |               |                            |             | 0           |
| <b>7</b> 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             |                            |             |             |
| <b>8</b> Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions). . . . .                                                                              | 2,600,089     |                            |             |             |
| <b>9</b> <b>Excess distributions carryover to 2019.</b><br>Subtract lines 7 and 8 from line 6a . . . . .                                                                                   | 17,971,531    |                            |             |             |
| <b>10</b> Analysis of line 9                                                                                                                                                               |               |                            |             |             |
| <b>a</b> Excess from 2014. . . . .                                                                                                                                                         | 2,959,053     |                            |             |             |
| <b>b</b> Excess from 2015. . . . .                                                                                                                                                         | 3,221,756     |                            |             |             |
| <b>c</b> Excess from 2016. . . . .                                                                                                                                                         | 3,999,832     |                            |             |             |
| <b>d</b> Excess from 2017. . . . .                                                                                                                                                         | 4,497,057     |                            |             |             |
| <b>e</b> Excess from 2018. . . . .                                                                                                                                                         | 3,293,833     |                            |             |             |

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

|                                                                                                                                                                                                    |                 |                      |                 |                 |                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------|-----------------|-----------------|------------------|
| <b>1a</b> If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. . . . . ▶ |                 |                      |                 |                 |                  |
| <b>b</b> Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)          |                 |                      |                 |                 |                  |
| <b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .                                                      | <b>Tax year</b> | <b>Prior 3 years</b> |                 |                 | <b>(e) Total</b> |
|                                                                                                                                                                                                    | <b>(a) 2018</b> | <b>(b) 2017</b>      | <b>(c) 2016</b> | <b>(d) 2015</b> |                  |
| <b>b</b> 85% of line 2a . . . . .                                                                                                                                                                  |                 |                      |                 |                 |                  |
| <b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .                                                                                                             |                 |                      |                 |                 |                  |
| <b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .                                                                                           |                 |                      |                 |                 |                  |
| <b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .                                                                   |                 |                      |                 |                 |                  |
| <b>3</b> Complete 3a, b, or c for the alternative test relied upon                                                                                                                                 |                 |                      |                 |                 |                  |
| <b>a</b> "Assets" alternative test—enter                                                                                                                                                           |                 |                      |                 |                 |                  |
| <b>(1)</b> Value of all assets . . . . .                                                                                                                                                           |                 |                      |                 |                 |                  |
| <b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)                                                                                                                               |                 |                      |                 |                 |                  |
| <b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .                                                                |                 |                      |                 |                 |                  |
| <b>c</b> "Support" alternative test—enter                                                                                                                                                          |                 |                      |                 |                 |                  |
| <b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .                                 |                 |                      |                 |                 |                  |
| <b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .                                                                       |                 |                      |                 |                 |                  |
| <b>(3)</b> Largest amount of support from an exempt organization                                                                                                                                   |                 |                      |                 |                 |                  |
| <b>(4)</b> Gross investment income                                                                                                                                                                 |                 |                      |                 |                 |                  |

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**

|                                                                                                                                                                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1 Information Regarding Foundation Managers:</b>                                                                                                                                                                                                                                                                              |
| <b>a</b> 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) )                                                                             |
| <b>b</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                                                                                             |
| <b>2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:</b>                                                                                                                                                                                                                                     |
| Check here <input type="checkbox"/> 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. See instructions. |
| <b>a</b> The name, address, and telephone number or e-mail address of the person to whom applications should be addressed<br>SANDRA M HOLUB<br>4250 CONGRESS STREET STE 800<br>CHARLOTTE, NC 28209<br>(980) 299-5531                                                                                                             |
| <b>b</b> The form in which applications should be submitted and information and materials they should include<br>SEE ATTACHED APPLICATION                                                                                                                                                                                        |
| <b>c</b> Any submission deadlines<br>SEE ATTACHED APPLICATION                                                                                                                                                                                                                                                                    |
| <b>d</b> Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors<br>SEE ATTACHED APPLICATION                                                                                                                                                        |

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                                                                | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|--------|
| Name and address (home or business)                                      |                                                                                                                    |                                      |                                     |        |
| <b>a</b> <i>Paid during the year</i><br>See Additional Data Table        |                                                                                                                    |                                      |                                     |        |
| <b>Total . . . . .</b> ▶ <b>3a</b>                                       |                                                                                                                    |                                      |                                     |        |
| <b>b</b> <i>Approved for future payment</i><br>See Additional Data Table |                                                                                                                    |                                      |                                     |        |
| <b>Total . . . . .</b> ▶ <b>3b</b>                                       |                                                                                                                    |                                      |                                     |        |

## Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2018)

**Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

- |                                                                                                                                                                                                                                                                                                                                                                                                      |  |              |            |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------|------------|-----------|
| <b>1</b> Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)(3) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?                                                                                                                                                  |  |              | <b>Yes</b> | <b>No</b> |
| <b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of                                                                                                                                                                                                                                                                                                           |  |              |            |           |
| <b>(1)</b> Cash. . . . .                                                                                                                                                                                                                                                                                                                                                                             |  | <b>1a(1)</b> |            | <b>No</b> |
| <b>(2)</b> Other assets. . . . .                                                                                                                                                                                                                                                                                                                                                                     |  | <b>1a(2)</b> |            | <b>No</b> |
| <b>b</b> Other transactions                                                                                                                                                                                                                                                                                                                                                                          |  |              |            |           |
| <b>(1)</b> Sales of assets to a noncharitable exempt organization. . . . .                                                                                                                                                                                                                                                                                                                           |  | <b>1b(1)</b> |            | <b>No</b> |
| <b>(2)</b> Purchases of assets from a noncharitable exempt organization. . . . .                                                                                                                                                                                                                                                                                                                     |  | <b>1b(2)</b> |            | <b>No</b> |
| <b>(3)</b> Rental of facilities, equipment, or other assets. . . . .                                                                                                                                                                                                                                                                                                                                 |  | <b>1b(3)</b> |            | <b>No</b> |
| <b>(4)</b> Reimbursement arrangements. . . . .                                                                                                                                                                                                                                                                                                                                                       |  | <b>1b(4)</b> |            | <b>No</b> |
| <b>(5)</b> Loans or loan guarantees. . . . .                                                                                                                                                                                                                                                                                                                                                         |  | <b>1b(5)</b> |            | <b>No</b> |
| <b>(6)</b> Performance of services or membership or fundraising solicitations. . . . .                                                                                                                                                                                                                                                                                                               |  | <b>1b(6)</b> |            | <b>No</b> |
| <b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .                                                                                                                                                                                                                                                                                                   |  | <b>1c</b>    |            | <b>No</b> |
| <b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received |  |              |            |           |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? . . . . . ☐ Yes ☒ No

**b** If "Yes," complete the following schedule

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|--------------------------|--------------------------|---------------------------------|
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |

|                  |                                                                                                                                                                                                                                                                                                                        |               |                |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------|
| <b>Sign Here</b> | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. |               |                |
|                  | *****                                                                                                                                                                                                                                                                                                                  | 2019-11-13    | *****          |
|                  | _____<br>Signature of officer or trustee                                                                                                                                                                                                                                                                               | _____<br>Date | _____<br>Title |

May the IRS discuss this return with the preparer shown below  
 (see instr.)? ☒ **Yes** ☐ **No**

|                                       |                                                              |                      |      |                                                 |                         |
|---------------------------------------|--------------------------------------------------------------|----------------------|------|-------------------------------------------------|-------------------------|
| <b>Paid<br/>Preparer<br/>Use Only</b> | Print/Type preparer's name                                   | Preparer's Signature | Date | Check if self-employed <input type="checkbox"/> | PTIN<br><br>P00445891   |
|                                       | AMY BIBBY                                                    |                      |      |                                                 |                         |
|                                       | Firm's name ▶ DIXON HUGHES GOODMAN LLP                       |                      |      |                                                 | Firm's EIN ▶ 56-0747981 |
|                                       | Firm's address ▶ 500 RIDGEFIELD COURT<br>ASHEVILLE, NC 28806 |                      |      |                                                 | Phone no (828) 254-2254 |

**Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation**

| (a) Name and address                                                     | Title, and average hours per week<br>(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 |
|--------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| LUTHER KISSAM<br>4250 CONGRESS STREET STE 900<br>CHARLOTTE, NC 28209     | BOARD MEMBER<br>0 25                                         | 0                                         | 0                                                                     | 0                                     |
|                                                                          |                                                              |                                           |                                                                       |                                       |
| ANDER KRUPA<br>4250 CONGRESS STREET STE 900<br>CHARLOTTE, NC 28209       | SECRETARY<br>0 25                                            | 0                                         | 0                                                                     | 0                                     |
|                                                                          |                                                              |                                           |                                                                       |                                       |
| JIM LABAUVE<br>4250 CONGRESS STREET STE 900<br>CHARLOTTE, NC 28209       | DIRECTOR/TREASURER<br>0 25                                   | 0                                         | 0                                                                     | 0                                     |
|                                                                          |                                                              |                                           |                                                                       |                                       |
| RON ZUMSTEIN<br>4250 CONGRESS STREET STE 900<br>CHARLOTTE, NC 28209      | BOARD MEMBER<br>0 25                                         | 0                                         | 0                                                                     | 0                                     |
|                                                                          |                                                              |                                           |                                                                       |                                       |
| CATHERINE DE LACY<br>4250 CONGRESS STREET STE 900<br>CHARLOTTE, NC 28209 | BOARD MEMBER<br>0 25                                         | 0                                         | 0                                                                     | 0                                     |
|                                                                          |                                                              |                                           |                                                                       |                                       |
| SANDRA HOLUB<br>4250 CONGRESS STREET STE 900<br>CHARLOTTE, NC 28209      | EXECUTIVE DIRECTOR<br>30 00                                  | 241,417                                   | 5,500                                                                 | 138                                   |
|                                                                          |                                                              |                                           |                                                                       |                                       |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| HERITAGE RANCH20090 TUCKER RD<br>ZACHARY, LA 707917537                                                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,000     |
| BELLA BOWMAN FOUNDATION INC<br>PO BOX 82610<br>BATON ROUGE, LA 708842610                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| GAITWAY THERAPEUTIC HORSEMANSHIP<br>1300 LAWRENCE PARKWAY<br>ST GABRIEL, LA 70776                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                        |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                       |                                                                                                           |                                |                                  |           |
| PREVENT CHILD ABUSE LOUISIANA INC<br>412 N 4TH STREET SUITE 260<br>BATON ROUGE, LA 70802                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| AMERICAN RED CROSS LOUISIANA<br>CAPITAL AREA CHAPTER<br>4655 SHERWOOD COMMON BLVD<br>BATON ROUGE, LA 70816 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| PASADENA CITIZENS POLICE ACADEMY<br>ASSOCIATION<br>PO BOX 1471<br>PASADENA, TX 775011471                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| <b>Total . . . . . ▶ 3a</b>                                                                                |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| MANVEL MAVERICK BOOSTER CLUB<br>PO BOX 248<br>MANVEL, TX 775780248                                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,500     |
| TUNNEL TO TOWERS FOUNDATION<br>2361 HYLAN BLVD<br>STATEN ISLAND, NY 103063100                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| LOUISIANA MARATHON<br>402 N 4TH STREET<br>BATON ROUGE, LA 708025506                                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 12,500    |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                           |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                          |                                                                                                           |                                |                                  |           |
| CLEVELAND CHAMBER FOUNDATION<br>200 SOUTH LAYFAYETTE STREET<br>SHELBY, NC 28150                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| THE UNIVERSITY OF TEXAS HEALTH<br>SCIENCE CENTER AT HOUSTON<br>7000 FANNIN ST SUITE 1200<br>HOUSTON, TX 77030 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 3,500     |
| ACHIEVEMENT THROUGH LEADERSHIP<br>FOUNDATION<br>PO BOX 273151<br>HOUSTON, TX 77277                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 5,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                                   |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| THE ROSE12700 N FEATHERWOOD<br>HOUSTON, TX 770344439                                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,250     |
| BRIDGE OVER TROUBLED WATERS INC<br>PO BOX 3488<br>PASADENA, TX 77504                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,250     |
| CHAMPIONS KIDS CAMP INC<br>11152 WESTHEIMER 681 HOUSTON TX<br>77042<br>HOUSTON, TX 77042                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,250     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> Paid during the year                                                                            |                                                                                                           |                                |                                  |           |
| ACTION MINISTRIES HOUSTON INCORPORATED<br>PO BOX 35702<br>HOUSTON, TX 772355702                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,250     |
| BLESSED BE HOPE FOR THREE INC<br>11104 WEST AIRPORT BLVD<br>STAFFORD, TX 77477                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,250     |
| LOVE146 INCPO BOX 920861<br>HOUSTON, TX 77292                                                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,250     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| A WORLD FOR CHILDREN<br>710 N POST OAK ROAD SUITE 208<br>HOUSTON, TX 77024                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,250     |
| FAMILY PROMISE OF LAKE HOUSTON<br>111 S AVENUE G<br>HUMBLE, TX 773384745                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,250     |
| SARAH'S HOUSEPO BOX 4995<br>PASADENA, TX 77502                                                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,250     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| BO'S PLACE10050 BUFFALO SPEEDWAY<br>HOUSTON, TX 770541302                                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,250     |
| PROJECT JOY AND HOPE FOR TEXAS<br>PO BOX 5111<br>PASADENA, TX 775085111                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,250     |
| BIG BUDDY PROGRAM1415 MAIN ST<br>BATON ROUGE, LA 708024664                                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 33,500    |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| AMERICAN HEART ASSOCIATION INC<br>2644 S SHERWOOD FOREST BLVD<br>SUITE<br>108<br>BATON ROUGE, LA 70816   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 25,000    |
| BETHLEHEM MISSIONARY BAPTIST CHURCH<br>PO BOX 547<br>MAGNOLIA, AR 717540547                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,200     |
| LA PORTE EDUCATION FOUNDATION<br>PO BOX 1272<br>LA PORTE, TX 775721272                                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 4,375     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| SPECIAL CHEERS12570 CLAY RD<br>HOUSTON, TX 770415593                                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 4,375     |
| BOYS AND GIRLS HARBOR INC<br>PO BOX 848<br>HOUSTON, TX 770010848                                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 4,375     |
| ASSISTANCE LEAGUE OF THE BAY AREA<br>PO BOX 591131<br>HOUSTON, TX 77259                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 4,375     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| BAYSHORE BAPTIST CHURCH<br>11315 SPENCER HWY<br>LA PORTE, TX 77571                                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| ARMAND BAYOU NATURE CENTER INC<br>PO BOX 58828<br>HOUSTON, TX 772588828                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 4,375     |
| AMERICAN CANCER SOCIETY RELAY<br>FOR LIFE<br>8060 SPENCER HWY PASADENA TX<br>77505<br>PASADENA, TX 77505 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,500     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| NATIONAL MULTIPLE SCLEROSIS SOCIETY<br>PO BOX 4125<br>HOUSTON, TX 77210                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,500     |
| THE WHEELHOUSE INCPO BOX 920<br>DEER PARK, TX 775360920                                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 4,375     |
| HAPPY HARBOR METHODIST HOME INC<br>1440 LAKE FRONT CIR STE 110<br>THE WOODLANDS, TX 773803607            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 4,375     |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| BAY AREA HABITAT FOR HUMANITY - HOUSTON INC<br>PO BOX 1284<br>DICKINSON, TX 775391284                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 40,000    |
| KINGS MOUNTAIN GATEWAY TRAILS INC<br>PO BOX 859<br>KINGS MTN, NC 280860859                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| QUOTA INTERNATIONAL OF MAGNOLIA<br>PO BOX 1602<br>MAGNOLIA, AR 71754                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 550       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| PASADENA POLICE OFFICERS WIVES ASSOCIATION<br>PO BOX 1112<br>PASADENA, TX 775011112                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 5,000     |
| METROMORPHOSIS1400 N FOSTER DR<br>BATON ROUGE, LA 708061817                                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 10,000    |
| FAMILY SERVICE OF GREATER BATON ROUGE<br>4727 REVERE AVE<br>BATON ROUGE, LA 708083168                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,000     |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| LEUKEMIA AND LYMPHOMA SOCIETY<br>3636 SOUTH I-10 SERVICE ROAD 304<br>METAIRIE, LA 70001                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| MARY BIRD PERKINS CANCER CENTER<br>FOUNDATION<br>4950 ESSEN LANE<br>BATON ROUGE, LA 708093738            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200,000   |
| LOUISIANA ART AND SCIENCE MUSEUM<br>100 RIVER ROAD SOUTH<br>BATON ROUGE, LA 70802                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 5,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                                    |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                                   |                                                                                                           |                                |                                  |           |
| COMPANION ANIMAL ALLIANCE<br>2680 PROGRESS ROAD<br>BATON ROUGE, LA 70807                                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| BIG BUDDY PROGRAM1415 MAIN ST<br>BATON ROUGE, LA 708024664                                                             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 5,000     |
| JUNIOR ACHIEVEMENT OF GREATER<br>BATON ROUGE & ACADIANNA INC<br>7809 JEFFERSON HWY STE D4<br>BATON ROUGE, LA 708091200 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 5,000     |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                                     |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| MANNERS OF THE HEART COMMUNITY FUND<br>763 NORTH BLVD<br>BATON ROUGE, LA 70802                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 5,000     |
| LIFE OF A SINGLE MOM<br>11613 NEWCASTLE AVENUE<br>BATON ROUGE, LA 70816                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| UNIVERSITY OF ARKANSAS FOUNDATION INC - KIDS FIRST<br>301 W CALHOUN<br>MAGNOLIA, AR 71753                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 822       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| UNIVERSITY OF ARKANSAS<br>FOUNDATION INC - KIDS FIRST<br>301 W CALHOUN<br>MAGNOLIA, AR 71753             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 841       |
| COLUMBIA COUNTY ANIMAL<br>PROTECTION SOCIETY<br>PO BOX 2003<br>MAGNOLIA, AR 717547003                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 4,116     |
| COLUMBIA COUNTY INDEPENDENT<br>LIVING INC<br>PO BOX 944<br>MAGNOLIA, AR 71754                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,020     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| COMPASSIONS FOUNDATION<br>PO BOX 1734<br>MAGNOLIA, AR 717541734                                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,122     |
| FIRST UNITED METHODIST CHURCH-<br>MAGNOLIA<br>320 WEST MAIN STREET<br>MAGNOLIA, AR 71753                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 3,810     |
| ST JUDE CHILDRENS RESEARCH<br>HOSPITAL INC<br>262 DANNY THOMAS PL MSC 512<br>MEMPHIS, TN 38105           | NONE                                                                                                      | PC                             | SCHOLARSHIP                      | 3,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| UNIVERSITY OF ARKANSAS<br>FOUNDATION INC - KIDS FIRST<br>301 W CALHOUN<br>MAGNOLIA, AR 71753             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,832     |
| GIRL SCOUTS - DIAMONDS OF<br>ARKANSAS OKLAHOMA AND TEXAS<br>1500 E UNIVERSITY<br>MAGNOLIA, AR 71753      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,214     |
| BOYS & GIRLS OF MAGNOLIA<br>PO BOX 811<br>MAGNOLIA, AR 717540811                                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 3,702     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| MAGNOLIA SPECIALIZED SERVICES INC<br>PO BOX 595<br>MAGNOLIA, AR 717540595                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,848     |
| COLUMBIA COUNTY 4H<br>206 WEST CALHOUN<br>MAGNOLIA, AR 71753                                             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,848     |
| AMERICAN CANCER SOCIETY<br>PO BOX 250<br>MAGNOLIA, AR 71754                                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 3,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| COLUMBIA COUNTY SENIOR MEAL SERVICES INC<br>PO BOX 476<br>MAGNOLIA, AR 717540476                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,466     |
| JDRF INTERNATIONAL<br>11324 ARCADE DR SUITE 16<br>LITTLE ROCK, AR 72212                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,536     |
| SALVATION ARMY312 EAST STADIUM<br>MAGNOLIA, AR 71753                                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 810       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| HANNAH PREGNANCY RESOURCE CENTER<br>101 W MAIN ST STE 201<br>EL DORADO, AR 717305654                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,052     |
| MAGNOLIA-COLUMBIA COUNTY LITERACY COUNCIL<br>PO BOX 1440<br>MAGNOLIA, AR 717541440                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,536     |
| ABILITIES UNLIMITED OF MAGNOLIA ARK INC<br>PO BOX 218<br>MAGNOLIA, AR 717540218                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 3,984     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| BOY SCOUTS OF AMERICA ARKANSAS<br>118 W PEACH ST<br>EL DORADO, AR 717305611                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,638     |
| CITY OF MAGNOLIAPO BOX 1126<br>MAGNOLIA, AR 71754                                                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,224     |
| SOUTHERN ARKANSAS UNIVERSITY<br>FOUNDATION INC<br>100 E UNIVERSITY MSC 9174<br>MAGNOLIA, AR 71753        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 462       |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| SOUTHERN CHRISTIAN MISSION INC<br>515 W MONROE<br>MAGNOLIA, AR 717533454                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 4,014     |
| SHARE FOUNDATION DBA LIFE TOUCH HOSPICE<br>2301 CHAMPAGNOLLE RD<br>EL DORADO, AR 71730                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 3,702     |
| FIRST UNITED METHODIST CHURCH-MAGNOLIA<br>320 WEST MAIN STREET<br>MAGNOLIA, AR 71753                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,224     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| H & P ANIMAL ALLIANCEPO BOX 1526<br>MAGNOLIA, AR 717541526                                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,122     |
| MAGNOLIA ARTS COUNCIL INC<br>116 SOUTH WASHINGTON<br>MAGNOLIA, AR 71753                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,500     |
| LEADERSHIP MAGNOLIA - CITY OF<br>MAGNOLIA<br>PO BOX 1126<br>MAGNOLIA, AR 71753                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 7,000     |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| FAMILIES AGAINST DISTRACTIVE DRIVING - FADD<br>PO BOX 406<br>MOUNTAIN HOME, AR 72654                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 4,000     |
| ARKANSAS CHILDRENS HOSPITAL<br>1 CHILDRENS WAY SLOT 663<br>LITTLE ROCK, AR 722023500                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,000     |
| SOUTHERN ARKANSAS UNIVERSITY FOUNDATION INC<br>100 E UNIVERSITY MSC 9174<br>MAGNOLIA, AR 71753           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 8,981     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| SOUTHERN ARKANSAS UNIVERSITY FOUNDATION INC<br>100 E UNIVERSITY MSC 9174<br>MAGNOLIA, AR 71753           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,500     |
| SOUTHERN ARKANSAS UNIVERSITY FOUNDATION INC<br>100 E UNIVERSITY MSC 9174<br>MAGNOLIA, AR 71753           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| MAGNOLIA-COLUMBIA COUNTY LITERACY COUNCIL<br>PO BOX 1440<br>MAGNOLIA, AR 717541440                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| LEADERSHIP MAGNOLIA - CITY OF MAGNOLIA<br>PO BOX 1126<br>MAGNOLIA, AR 71753                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,000     |
| ARKANSAS CHILDRENS HOSPITAL<br>1 CHILDRENS WAY SLOT 663<br>LITTLE ROCK, AR 722023500                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 6,624     |
| INTERFAITH CARING MINISTRIES INC<br>151 PARK AVE<br>LEAGUE CITY, TX 775732445                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| FRIENDSWOOD GIRLS SOFTBALL ASSOCIATION INC<br>PO BOX 243<br>FRIENDSWOOD, TX 775490243                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 300       |
| PEARLAND ELITE BOOSTER CLUB<br>4407 HALIK ST<br>PEARLAND, TX 775811901                                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 750       |
| HOUSTON SELECT BASEBALL<br>PO BOX 1744<br>DEER PARK, TX 775361744                                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| TURNER ELEMENTARY SCHOOL<br>4333 LILY STREET<br>PASEDNA, TX 77505                                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 5,000     |
| GALVESTON COUNTY FAIR AND RODEO INC<br>PO BOX 889<br>SANTA FE, TX 775100889                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| LOVE146 INCPO BOX 920861<br>HOUSTON, TX 77292                                                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,250     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| CHAMPIONS KIDS CAMP INC<br>11152 WESTHEIMER 681 HOUSTON TX<br>77042<br>HOUSTON, TX 77042                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,250     |
| BO'S PLACE10050 BUFFALO SPEEDWAY<br>HOUSTON, TX 770541302                                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,250     |
| A WORLD FOR CHILDREN<br>710 N POST OAK ROAD SUITE 208<br>HOUSTON, TX 77024                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,250     |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| THE ROSE12700 N FEATHERWOOD<br>HOUSTON, TX 770344439                                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,250     |
| SARAH'S HOUSEPO BOX 4995<br>PASADENA, TX 77502                                                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,250     |
| FAMILY PROMISE OF LAKE HOUSTON<br>111 S AVENUE G<br>HUMBLE, TX 773384745                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,250     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| ACTION MINISTRIES HOUSTON<br>INCORPORATED<br>PO BOX 35702<br>HOUSTON, TX 772355702                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,250     |
| BRIDGE OVER TROUBLED WATERS INC<br>PO BOX 3488<br>PASADENA, TX 77504                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,250     |
| BIG BROTHERS BIG SISTERS<br>500 DALLAS STREET SUITE 2900<br>HOUSTON, TX 77002                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,250     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| BLESSED BE HOPE FOR THREE INC<br>11104 WEST AIRPORT BLVD<br>STAFFORD, TX 77477                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,250     |
| PROJECT JOY AND HOPE FOR TEXAS<br>PO BOX 5111<br>PASADENA, TX 775085111                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,250     |
| FAMILY PROMISE OF LAKE HOUSTON<br>111 S AVENUE G<br>HUMBLE, TX 773384745                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| CENIKOR FOUNDATION<br>4525 GLENWOOD AVENUE<br>DEER PARK, TX 77536                                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,600     |
| FAMILY PROMISE OF LAKE HOUSTON<br>111 S AVENUE G<br>HUMBLE, TX 773384745                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 17,100    |
| TYRONE AREA PUBLIC LIBRARY<br>1000 PENNSYLVANIA AVE<br>TYRONE, PA 166861514                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 5,000     |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| CMS FOUNDATION<br>4421 STUART ANDREW BLVD STE 100<br>CHARLOTTE, NC 282172556                             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 25,000    |
| CHARLOTTE BALLET701 N TRYON ST<br>CHARLOTTE, NC 282022221                                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 5,000     |
| CHARLOTTE SYMPHONY ORCHESTRA SOCIETY<br>128 S TRYON ST STE 350<br>CHARLOTTE, NC 282023257                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 10,000    |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| FOUNDRY HALLPO BOX 463<br>SOUTH HAVEN, MI 490900427                                                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| SOUTHERN ARKANSAS UNIVERSITY<br>FOUNDATION INC<br>100 E UNIVERSITY MSC 9174<br>MAGNOLIA, AR 71753        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 197       |
| SOUTHERN ARKANSAS UNIVERSITY<br>FOUNDATION INC<br>100 E UNIVERSITY MSC 9174<br>MAGNOLIA, AR 71753        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 25,360    |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                        |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                       |                                                                                                           |                                |                                  |           |
| LITTLE LEAGUE BASEBALL<br>INCSAGEMONT BEVERLY HILLS LITTLE LEAGUE<br>9907 KIRKWREN DR<br>HOUSTON, TX 77089 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| ST ANNES CATHOLIC CHURCH<br>1111 S CHERRY ST<br>TOMBALL, TX 773756627                                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 3,000     |
| PTSD FOUNDATION AMERICA CAMP HOPE<br>PO BOX 690748<br>HOUSTON, TX 77269                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                                |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| BLESSED BE HOPE FOR THREE INC<br>11104 WEST AIRPORT BLVD<br>STAFFORD, TX 77477                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| ALZHEIMERS DISEASE AND RELATED DISORDERS ASSOCIATION<br>6055 SOUTH LOOP E<br>HOUSTON, TX 770871005       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 3,000     |
| BO'S PLACE10050 BUFFALO SPEEDWAY<br>HOUSTON, TX 770541302                                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 3,500     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| FAMILY PROMISE OF LAKE HOUSTON<br>111 S AVENUE G<br>HUMBLE, TX 773384745                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| COMMUNITY PREGNANCY CENTER OF PASADENA<br>4230 VISTA RD<br>PASADENA, TX 775042116                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| FAMILY PROMISE OF LAKE HOUSTON<br>111 S AVENUE G<br>HUMBLE, TX 773384745                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| CHARLOTTE BALLET701 N TRYON ST<br>CHARLOTTE, NC 282022221                                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 15,000    |
| THE CAROLINAS HEALTHCARE FOUNDATION INC<br>208 EAST BLVD<br>CHARLOTTE, NC 28203                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| BOY SCOUTS OF AMERICA<br>1410 E 7TH ST<br>CHARLOTTE, NC 282042408                                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                             |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                            |                                                                                                           |                                |                                  |           |
| CITY YEAR287 COLUMBUS AVE<br>BOSTON, MA 021165334                                                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 75,000    |
| COMMUNITIES IN SCHOOLS OF<br>CHARLOTTE MECKLENBURG INC<br>601 E 5TH STREET SUITE 300<br>CHARLOTTE, NC 282020000 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50,000    |
| DISCOVERY PLACE INC301 N TRYON ST<br>CHARLOTTE, NC 282022138                                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 25,000    |
| <b>Total . . . . . ▶ 3a</b>                                                                                     |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                         |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                        |                                                                                                           |                                |                                  |           |
| CARE PREGNANCY CLINIC<br>3813 N FLANNERY RD<br>BATON ROUGE, LA 708148002                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| LSU FOUNDATION<br>3796 NICHOLSON DRIVE<br>BATON ROUGE, LA 70802                                             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100,000   |
| HABITAT FOR HUMANITY OF GREATER BATON ROUGE INC<br>6554 FLORIDA BLVD SUITE 200<br>BATON ROUGE, LA 708064474 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 75,000    |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                          |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                                          |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                                         |                                                                                                           |                                |                                  |           |
| BATON ROUGE SPEECH AND HEARING FOUNDATION INC (THE EMERGE CENTER)<br>7784 INNOVATION PARK DRIVE<br>BATON ROUGE, LA 708207006 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 10,000    |
| CITY YEAR BATON ROUGE<br>111 NORTH THIRD STREET<br>BATON ROUGE, LA 70801                                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 25,000    |
| TODAY'S HARBOR FOR CHILDREN<br>8100 WASHINGTON AVENUE SUITE 120<br>HOUSTON, TX 77007                                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 5,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                                                  |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| YES PREP PUBLIC SCHOOLS INC<br>8329 LAWNDAL ST<br>HOUSTON, TX 77012                                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| HAPPY HARBOR METHODIST HOME INC<br>1440 LAKE FRONT CIR STE 110<br>THE WOODLANDS, TX 773803607            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 4,375     |
| LA PORTE EDUCATION FOUNDATION<br>PO BOX 1272<br>LA PORTE, TX 775721272                                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 4,375     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| THE WHEELHOUSE INCPO BOX 920<br>DEER PARK, TX 775360920                                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 4,375     |
| INTERFAITH CARING MINISTRIES INC<br>151 PARK AVE<br>LEAGUE CITY, TX 775732445                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 4,375     |
| ARMAND BAYOU NATURE CENTER INC<br>PO BOX 58828<br>HOUSTON, TX 772588828                                  | NONE                                                                                                      | PC                             | SCHOLARSHIP                      | 4,375     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| TODAY'S HARBOR FOR CHILDREN<br>514 BAYRIDGE ROAD<br>LA PORTE, TX 77571                                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 4,375     |
| ASSISTANCE LEAGUE OF THE BAY AREA<br>PO BOX 591131<br>HOUSTON, TX 77259                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 4,375     |
| SPECIAL CHEERS12570 CLAY RD<br>HOUSTON, TX 770415593                                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 4,375     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| SAMARITANS PURSEPO BOX 3000<br>BOONE, NC 286073000                                                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 20,000    |
| OFFICE OF UNIVERSITY ADVANCEMENT<br>ATTN SALLY WASHBURN<br>1 PERKINS STREET<br>LOWELL, MA 01854          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 20,000    |
| SOUTH CAROLINA WATERFOWL ASSOCIATION<br>9833 OLD RIVER RD<br>PINWOOD, SC 291259684                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 25,000    |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| AMERICAN HEART ASSOCIATION INC<br>128 SOUTH TRYON STREET SUITE 1588<br>CHARLOTTE, NC 28202               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 125,000   |
| SUMMERFIELD ACADEMIC FOUNDATION INC<br>4200 HWY 9<br>SUMMERFIELD, LA 71079                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| FAMILIES & CHILDREN TOGETHER INC<br>2720 VINE ST<br>EL DORADO, AR 717306700                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| CITY OF MAGNOLIAPO BOX 1126<br>MAGNOLIA, AR 71754                                                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| MAGNOLIA SCHOOL DISTRICT<br>PO BOX 649<br>MAGNOLIA, AR 717540649                                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 375       |
| FUN FAIR POSITIVE SOCCER INC<br>22202 UNICORNS HORN LN<br>KATY, TX 774492829                             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 380       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| CHAMPIONS KIDS CAMP INC<br>11152 WESTHEIMER 681 HOUSTON TX<br>77042<br>HOUSTON, TX 77042                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| HOSPICE AT HOME INC<br>05055 BLUE STAR HWY<br>SOUTH HAVEN, MI 49090                                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 10,000    |
| SUSAN G KOMEN BREAST CANCER<br>5005 LBY FWY STE 250<br>DALLAS, TX 752440000                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 3,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| CENTRAL PENNSYLVANIA HUMANE SOCIETY<br>1837 E PL VALLEY BLVD<br>ALTOONA, PA 166027348                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,500     |
| ST MATTHEW CATHOLIC SCHOOL<br>1105 CAMERON AVENUE<br>TYRONE, PA 166860216                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| THE ELM221 HOSPITAL DRIVE SUITE 5<br>TYRONE, PA 16686                                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                                  |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                                 |                                                                                                           |                                |                                  |           |
| MAKE-A-WISH FOUNDATION OF GREATER PENNSYLVANIA AND WEST VIRGINIA INC<br>707 GRANT STREET<br>PITTSBURGH, PA 152191908 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 4,000     |
| BLAIR CLEARFIELD ASSOCIATION FOR THE BLIND AND VISUALLY IMPAIRED<br>300 5TH AVE<br>ALTOONA, PA 166022730             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| HOOPTEE CHARITIES INCPO BOX 11683<br>CHARLOTTE, NC 282201683                                                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 15,000    |
| <b>Total . . . . . ▶ 3a</b>                                                                                          |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| NASSAU COUNTY SCHOOL DISTRICT<br>86207 FELMOR ROAD<br>YULEE, FL 32097                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 5,000     |
| BATON ROUGE SYMPHONY ORCHESTRA<br>7330 HIGHLAND ROAD<br>BATON ROUGE, LA 70808                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| WILSON GLOBAL INITIATIVE<br>301 MAIN STREET SUITE 2200<br>BATON ROUGE, LA 70802                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| YMCA OF THE CAPITAL AREA<br>350 S FOSTER DR<br>BATON ROUGE, LA 708064105                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,500     |
| OUR LADY OF THE LAKE FOUNDATION - CHILDREN'S HOSPITAL<br>5000 HENNESSY BLVD<br>BATON ROUGE, LA 708084375 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100,000   |
| WOMAN'S HOSPITAL FOUNDATION<br>100 WOMANS WAY<br>BATON ROUGE, LA 708175100                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| BATON ROUGE CHILDREN'S ADVOCACY CENTER<br>626 EAST BLVD<br>BATON ROUGE, LA 708026011                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| ALZHEIMERS SERVICES OF THE CAPITAL AREA<br>3772 NORTH BLVD<br>BATON ROUGE, LA 708063822                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 5,000     |
| TEACH FOR AMERICA INCPO BOX 65148<br>BATON ROUGE, LA 70896                                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 20,000    |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| THE HOSPICE OF BATON ROUGE<br>3600 FLORIDA BLVD<br>BATON ROUGE, LA 708063842                             | NONE                                                                                                      | PC                             | SCHOLARSHIP                      | 2,500     |
| VOLUNTEERS IN PUBLIC SCHOOLS INC<br>3000 NORTH SHERWOOD FOREST DR<br>RM 68<br>BATON ROUGE, LA 70814      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 5,000     |
| BATON ROUGE YOUTH COALITION (BRYC)<br>460 N 11TH STREET<br>BATON ROUGE, LA 708025420                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 10,000    |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                         |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                        |                                                                                                           |                                |                                  |           |
| PARTICULAR COUNCIL OF ST VINCENT DE PAUL OF BATON ROUGE LOUSIANA<br>PO BOX 127<br>BATON ROUGE, LA 708210127 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 25,000    |
| NATIONAL FIRE SAFETY COUNCIL INC<br>PO BOX 1126<br>MAGNOLIA, AR 71754                                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 400       |
| JUNIOR CHARITY LEAGUE INCORPORATED OF MAGNOLIA ARKANSAS<br>PO BOX 1091<br>MAGNOLIA, AR 717541091            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 5,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                                 |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| MAGNOLIA DOLPHINS SWIM TEAM<br>2604 FOXRUN<br>MAGNOLIA, AR 71753                                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| MAGNOLIA HIGH SCHOOL<br>1402 HIGH SCHOOL DRIVE<br>MAGNOLIA, AR 717530649                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 5,000     |
| EMERSON-TAYLOR SCHOOL DISTRICT<br>508 WEST MAIN STREET<br>EMERSON, AR 71740                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,658     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| SOUTHERN ARKANSAS UNIVERSITY FOUNDATION INC<br>100 E UNIVERSITY MSC 9174<br>MAGNOLIA, AR 71753           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,000     |
| MAGNOLIA SCHOOL DISTRICT<br>PO BOX 649<br>MAGNOLIA, AR 717540649                                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| ST PATRICK-ST ANTHONY CATHOLIC CHURCH<br>920 FULTON ST<br>GRAND HAVEN, MI 494171526                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| MONA SHORES MIDDLE SCHOOL<br>1700 WOODSIDE ROAD<br>NORTON SHORES, MI 494413732                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| AL-VAN HUMANE SOCIETY INC<br>PO BOX 421<br>SOUTH HAVEN, MI 490900421                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 15,000    |
| HASHPO BOX 552<br>SOUTH HAVEN, MI 49090                                                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 8,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| SOUTH HAVEN CENTER FOR THE ARTS<br>600 PHEONIX ROAD<br>SOUTH HAVEN, MI 49090                             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,000     |
| INNOCADEMY PARENT ORGANIZATION<br>PO BOX 151<br>ZEELAND, MI 494640151                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| SOUTH HAVEN PUBLIC SCHOOLS<br>07357 BASELINE RD<br>SOUTH HAVEN, MI 49090                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| SIENNA STALLIONS YOUTH FOOTBALL INC<br>5680 HWY 6 NO 148<br>MISSOURI CITY, TX 774590000                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| SNOWDROP FOUNDATION INC<br>7155 OLD KATY RD STE N270<br>HOUSTON, TX 770242284                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,200     |
| CALVARY CHRISTIAN FELLOWSHIP CHURCH<br>1365 NORTH PARK DR<br>KINGWOOD, TX 773391636                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| INTERFAITH CARING MINISTRIES INC<br>151 PARK AVE<br>LEAGUE CITY, TX 775732445                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| TYRONE AREA SCHOOL DISTRICT<br>1001 CLAY AVENUE<br>TYRONE, PA 166860216                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| BROAD RIVER ALLIANCE A<br>WATERKEEPER AFFILIATE<br>540 BELWOOD LAWNDAL RD<br>LAWNDALE, NC 28090          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| AMERICAN CANCER SOCIETY<br>1901 BRUNSWICK AVENUE<br>CHARLOTTE, NC 28207                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 3,000     |
| KINGS MOUNTAIN HIGH SCHOOL -<br>CLEVELAND COUNTY SCHOOLS<br>500 PHIFER ROAD<br>KINGS MOUNTAIN, NC 28086  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| SAFE IN HIS ARMS<br>571 DUNCAN STATION DR<br>DUNCAN, SC 293348947                                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| KINGS MOUNTAIN HIGH SCHOOL - CLEVELAND COUNTY SCHOOLS<br>500 PHIFER ROAD<br>KINGS MOUNTAIN, NC 28086     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 900       |
| CHILDREN'S HOMES OF CLEVELAND COUNTY<br>P O BOX 2053<br>SHELBY, NC 28151                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 4,500     |
| SUSTAIN CHARLOTTE INC<br>2151 HAWKINS ST STE 200<br>CHARLOTTE, NC 282036902                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| CHILDREN AND CHOICES<br>411 PORTIFINO COURT<br>BOILING SPRINGS, SC 29316                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| HOSPICE OF CLEVELAND COUNTY INC<br>951 WENDOVER HEIGHT DR<br>SHELBY, NC 281503565                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 4,000     |
| COMMUNITIES IN SCHOOLS OF CLEVELAND COUNTY<br>312 W MARION ST<br>SHELBY, NC 281505336                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 5,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| ACE & TJ S GRIN KIDS INC<br>631-200B BRAWLEY SCHOOL RD PMB 121<br>MOORESVILLE, NC 281176209              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| CLEVELAND COUNTY ABUSE PREVENTION COUNCIL INC<br>POST OFFICE BOX 25859<br>SHELBY, NC 28150               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 4,000     |
| LIFE ENRICHMENT CENTER OF CLEVELAND COUNTY INC<br>110 LIFE ENRICHMENT BLVD<br>SHELBY, NC 281503689       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 4,750     |
| <b>Total . . . . .</b>                                                                                   |                                                                                                           |                                | <b>▶ 3a</b>                      | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| KINGS MOUNTAIN CRISIS MINISTRY INC<br>PO BOX 1335<br>KINGS MOUNTAIN, NC 280861335                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 3,500     |
| CAROLINA RAPTOR CENTER INC<br>6000 SAMPLE RD<br>HUNTERSVILLE, NC 280788491                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 900       |
| BOY SCOUTS OF AMERICA<br>1222 E FRANKLIN BLVD<br>GASTONIA, NC 280544245                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| GASTON HUMANE SOCIETY INC<br>PO BOX 2334<br>GASTONIA, NC 280532334                                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 900       |
| FRIENDS OF CROWDERS MOUNTAIN INC<br>337 PATTERSON RD<br>KINGS MTN, NC 280868976                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 3,500     |
| YMCA OF GREATER CHARLOTTE<br>400 E MOREHEAD ST<br>CHARLOTTE, NC 282022606                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 20,000    |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| JUNIOR ACHIEVEMENT OF CENTRAL CAROLINAS<br>201 SOUTH TRYON STE LL 100<br>CHARLOTTE, NC 282020057         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 25,000    |
| SOUTH HAVEN PUBLIC SCHOOLS - MAPLE GROVE<br>554 GREEN STREET<br>SOUTH HAVEN, MI 490901491                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| BOYS & GIRLS OF MAGNOLIA<br>PO BOX 811<br>MAGNOLIA, AR 717540811                                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 15,000    |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| COLUMBIA COUNTY FAIR LIVESTOCK SHOW ASSOCIATION INC<br>PO BOX 1514<br>MAGNOLIA, AR 71754                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 25,000    |
| COMPASSIONS FOUNDATION<br>PO BOX 1734<br>MAGNOLIA, AR 717541734                                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 15,000    |
| PASADENA ISD EDUCATION FOUNDATION<br>1515 CHERRYBROOK<br>PASADENA, TX 77505                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 750       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                                                    |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                                                   |                                                                                                           |                                |                                  |           |
| PASADENA LIVESTOCK SHOW AND RODEO<br>7601 RED BLUFF ROAD<br>PASADENA, TX 775071035                                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| NORTH CAROLINA AGRICULTURAL AND TECHNICAL STATE UNIVERSITY<br>1601 EAST MARKET STREET MCNAIR HALL<br>SUITE 651<br>GREENSBORO, NC 27411 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 4,500     |
| SILVER PEAK FIRE DEPARTMENT<br>PO BOX 247<br>SILVER PEAK, NV 89047                                                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 10,540    |
| <b>Total . . . . . ▶ 3a</b>                                                                                                            |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| LOUISIANA RESOURCE CENTER FOR EDUCATORS<br>5550 FLORIDA BLVD<br>BATON ROUGE, LA 708064141                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 5,000     |
| UNIVERSITY OF ARKANSAS FOUNDATION INC<br>1617 NORTH WASHINGTON ST<br>MAGNOLIA, AR 71753                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| ST JUDE CHILDRENS RESEARCH HOSPITAL INC<br>262 DANNY THOMAS PL MSC 512<br>MEMPHIS, TN 38105              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| HOSPICE OF CLEVELAND COUNTY INC<br>951 WENDOVER HEIGHT DR<br>SHELBY, NC 281503565                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 4,000     |
| CHILDREN'S HOMES OF CLEVELAND COUNTY<br>P O BOX 2053<br>SHELBY, NC 28151                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 4,500     |
| AMERICAN CANCER SOCIETY<br>1901 BRUNSWICK AVENUE<br>CHARLOTTE, NC 28207                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 3,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| CITY OF KINGS MOUNTAIN<br>101 W GOLF STREET<br>KINGS MOUNTAIN, NC 28086                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 950       |
| THE ROSE12700 N FEATHERWOOD<br>HOUSTON, TX 770344439                                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 5,000     |
| PASADENA LIVESTOCK SHOW AND RODEO<br>7601 RED BLUFF ROAD<br>PASADENA, TX 775071035                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 3,000     |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                          |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                         |                                                                                                           |                                |                                  |           |
| COMMUNITY MATH ACADEMY<br>PO BOX 687<br>SHELBY, NC 28150                                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,000     |
| INTERNATIONAL RETT SYNDROME FOUNDATION<br>4600 DEVITT DR<br>CINCINNATI, OH 452461104                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 75,000    |
| COMMUNITIES IN SCHOOLS OF CHARLOTTE MECKLENBURG INC<br>601 E 5TH STREET SUITE 300<br>CHARLOTTE, NC 282020000 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50,000    |
| <b>Total . . . . . ▶ 3a</b>                                                                                  |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| FRONT YARD BIKES413 STEELE BLVD<br>BATON ROUGE, LA 70806                                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 5,000     |
| CANCER SERVICES OF GREATER BATON ROUGE<br>550 LOBDELL AVE<br>BATON ROUGE, LA 708066316                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 10,000    |
| PROJECT JOY AND HOPE FOR TEXAS<br>PO BOX 5111<br>PASADENA, TX 775085111                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 6,600     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| TEXAS EQUUSEARCHPO BOX 395<br>DICKINSON, TX 775390395                                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 10,000    |
| ARMAND BAYOU NATURE CENTER INC<br>PO BOX 58828<br>HOUSTON, TX 772588828                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 4,375     |
| ASSISTANCE LEAGUE OF THE BAY AREA<br>PO BOX 591131<br>HOUSTON, TX 77259                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 4,375     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| LA PORTE EDUCATION FOUNDATION<br>PO BOX 1272<br>LA PORTE, TX 775721272                                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 4,375     |
| HAPPY HARBOR METHODIST HOME INC<br>1440 LAKE FRONT CIR STE 110<br>THE WOODLANDS, TX 773803607            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 4,375     |
| INTERFAITH CARING MINISTRIES INC<br>151 PARK AVE<br>LEAGUE CITY, TX 775732445                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 4,375     |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| TODAY'S HARBOR FOR CHILDREN<br>514 BAYRIDGE ROAD<br>LA PORTE, TX 77571                                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 4,375     |
| THE WHEELHOUSE INCPO BOX 920<br>DEER PARK, TX 775360920                                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 4,375     |
| SPECIAL CHEERS12570 CLAY RD<br>HOUSTON, TX 770415593                                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 4,375     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                                 |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                                |                                                                                                           |                                |                                  |           |
| KINGS ENTERPRISES INCPO BOX 30877<br>CHARLOTTE, NC 282300877                                                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 5,000     |
| MAKE-A-WISH FOUNDATION OF<br>CENTRAL AND WESTERN NORTH<br>CAROLINA INC<br>1131 HARDING PLACE<br>CHARLOTTE, NC 28204 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 3,000     |
| AMERICAN INSTITUTE OF CHEMICAL<br>ENGINEERS<br>120 WALL ST FL 23<br>NEW YORK, NY 100054020                          | NONE                                                                                                      | PC                             | SCHOLARSHIP                      | 25,000    |
| <b>Total . . . . . ▶ 3a</b>                                                                                         |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| TEACH FOR AMERICA<br>5855 EXECUTIVE CENTER DRIVE SUITE 200<br>CHARLOTTE, NC 28212                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 20,000    |
| USO OF NC600 AIRPORT BLVD<br>MORRISVILLE, NC 27265                                                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 25,000    |
| AMERICAN INSTITUTE OF CHEMICAL ENGINEERS<br>120 WALL ST FL 23<br>NEW YORK, NY 100054020                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 25,000    |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> Paid during the year                                                                            |                                                                                                           |                                |                                  |           |
| VISION TO LEARN<br>11611 SAN VICENTE BLVD STE 500<br>LOS ANGELES, CA 900496505                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 25,000    |
| OPERA CAROLINA1600 ELIZABETH AVE<br>CHARLOTTE, NC 282042511                                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 10,000    |
| EPILEPSY FOUNDATION OF NORTH CAROLINA INC<br>1920 W FIRST ST STE 5541A<br>WINSTON SALEM, NC 271044220    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 950       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> Paid during the year                                                                            |                                                                                                           |                                |                                  |           |
| HEARING LOSS ASSOCIATION OF AMERICA<br>PO BOX 572091<br>HOUSTON, TX 77257                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 5,000     |
| LITTLE PEOPLE OF AMERICA INC<br>250 EL CAMINO REAL STE 218<br>TUSTIN, CA 927803656                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 5,000     |
| SARAH'S HOUSEPO BOX 4995<br>PASADENA, TX 77502                                                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 5,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| HOUSTON SRO HOUSING CORPORATION<br>2211 NORFOLK ST STE 740<br>HOUSTON, TX 770984062                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 5,000     |
| BAYTOWN PROFESSIONAL FIREFIGHTERS BENEVOLENCE FUND INC<br>201 E WYE DRIVE<br>BAYTOWN, TX 77521           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| PROJECT JOY AND HOPE FOR TEXAS<br>PO BOX 5111<br>PASADENA, TX 775085111                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 5,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| COMMUNITY PREGNANCY CENTER OF PASADENA<br>4230 VISTA RD<br>PASADENA, TX 775042116                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| CHILDRENS MIRACLE NETWORK HOSPITALS<br>205 W 700 S<br>SALT LAKE CITY, UT 84101                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| BLESSED BE HOPE FOR THREE INC<br>11104 WEST AIRPORT BLVD<br>STAFFORD, TX 77477                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,250     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| BIG BROTHERS BIG SISTERS<br>1003 WASHINGTON AVENUE<br>HOUSTON, TX 77002                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,250     |
| BRIDGE OVER TROUBLED WATERS INC<br>PO BOX 3488<br>PASADENA, TX 77504                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,250     |
| ACTION MINISTRIES HOUSTON<br>INCORPORATED<br>PO BOX 35702<br>HOUSTON, TX 772355702                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,250     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| FAMILY PROMISE OF LAKE HOUSTON<br>111 S AVENUE G<br>HUMBLE, TX 773384745                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,250     |
| SARAH'S HOUSEPO BOX 4995<br>PASADENA, TX 77502                                                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,250     |
| THE ROSE12700 N FEATHERWOOD<br>HOUSTON, TX 770344439                                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,250     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| A WORLD FOR CHILDREN<br>701 N POST OAK ROAD SUITE 208<br>HOUSTON, TX 77024                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,250     |
| BO'S PLACE10050 BUFFALO SPEEDWAY<br>HOUSTON, TX 770541302                                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,250     |
| CHAMPIONS KIDS CAMP INC<br>11152 WESTHEIMER 681 HOUSTON TX<br>77042<br>HOUSTON, TX 77042                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,250     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| LOVE146 INC1800 CAMDEN ROAD<br>CHARLOTTE, NC 28203                                                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,250     |
| PROJECT JOY AND HOPE FOR TEXAS<br>PO BOX 5111<br>PASADENA, TX 775085111                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,250     |
| YES PREP PUBLIC SCHOOLS INC<br>8329 LAWNSDALE ST<br>HOUSTON, TX 77012                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| ESMERALDA COUNTY SCHOOL DISTRICT<br>BOX BUTTE 560<br>GOLDFIELD, NV 89013                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,913     |
| LITTLE LEAGUE BASEBALL INC<br>PO BOX 3552<br>TONOPAH, NV 890493552                                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,905     |
| HOPE 4 WILDLIFE INC<br>69783 COUNTY ROAD 652<br>LAWTON, MI 490658669                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 3,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| HOPE PARENT RESOURCE CENTER<br>901 SOUTH BAILEY AVE SUITE 1<br>SOUTH HAVEN, MI 490909701                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| SHOUT FOR SOUTH HAVEN INC<br>PO BOX 986<br>SOUTH HAVEN, MI 490901182                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| VAN BUREN INTERMEDIATE SCHOOL DISTRICT<br>490 S PAW PAW STREET<br>LAWRENCE, MI 490649507                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 9,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| FOUNDRY HALLPO BOX 463<br>SOUTH HAVEN, MI 490900427                                                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 350       |
| MICHIGAN MARITIME MUSEUM<br>260 DYCKMAN AVE<br>SOUTH HAVEN, MI 490901065                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,000     |
| FIRST CONGREGATIONAL CHURCH<br>651 PHOENIX ST<br>SOUTH HAVEN, MI 49090                                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 5,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| LAKESHORE RESCUE MISSIONS<br>356 FAIRBANKS AVE<br>HOLLAND, MI 494233718                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 3,000     |
| SOUTH HAVEN PUBLIC SCHOOLS -<br>NORTHSHORE<br>554 GREEN STREET<br>SOUTH HAVEN, MI 490901491              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,200     |
| VAN BUREN UNITED CIVIC<br>ORGANIZATION<br>PO BOX 123<br>COVERT, MI 490430123                             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                        |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                       |                                                                                                           |                                |                                  |           |
| YOUTH DEVELOPMENT COMPANY AND POLICE ATHLETIC ACTIVITIES LEAGUE<br>PO BOX 453<br>SOUTH HAVEN, MI 490900453 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,000     |
| WE CARE INC<br>06321 BLUE STAR HIGHWAY<br>SOUTH HAVEN, MI 490900000                                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 10,000    |
| SOUTH HAVEN PUBLIC SCHOOLS - MAPLE GROVE<br>554 GREEN STREET<br>SOUTH HAVEN, MI 490901491                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                                |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                                   |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                                  |                                                                                                           |                                |                                  |           |
| SOUTH HAVEN AREA EMERGENCY SERVICES PAID ON-CALL ASSOCIATION INC<br>90 BLUE STAR HIGHWAY<br>SOUTH HAVEN, MI 490902411 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 10,000    |
| SOUTH HAVEN PUBLIC SCHOOLS - MAPLE GROVE<br>554 GREEN STREET<br>SOUTH HAVEN, MI 490901491                             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| FOUNDRY HALLPO BOX 463<br>SOUTH HAVEN, MI 490900427                                                                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 150       |
| <b>Total . . . . . ▶ 3a</b>                                                                                           |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| FREEDOM RIDE INC805 HIGHLAND DR<br>TYRONE, PA 166861907                                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| BSA TROOP 1032785 BALD EAGLE PIKE<br>TYRONE, PA 166860216                                                | NONE                                                                                                      | PC                             | SCHOLARSHIP                      | 5,000     |
| FOUNDATION FOR THE CAROLINASCAROLINA YOUTH COALITION<br>220 N TRYON ST<br>CHARLOTTE, NC 282022137        | NONE                                                                                                      | PC                             | SCHOLARSHIP                      | 400,000   |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| BAYTOWN LITTLE THEATER INC<br>PO BOX 2022<br>BAYTOWN, TX 775222022                                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 5,000     |
| LSU AGCENTER BOTANIC GARDENS<br>4560 ESSEN LANE<br>BATON ROUGE, LA 70809                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| COMMUNITIES IN SCHOOLS OF CLEVELAND COUNTY<br>312 W MARION ST<br>SHELBY, NC 281505336                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 5,000     |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| WOODLAWN HIGH SCHOOL<br>15755 JEFFERSON HIGHWAY<br>BATON ROUGE, LA 70817                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 3,500     |
| LOUISIANA PEDIATRIC CARDIOLOGY FOUNDATION<br>2137A QUAIL RUN DRIVE SUITE A<br>BATON ROUGE, LA 70808      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| THE JL FOUNDATION<br>21223 WATER FRONT E DR<br>MAUREPAS, LA 704490000                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                                     |                                                                                                           |                                |                                  |           |
| LOUISIANA CENTER FOR CHILDREN'S RIGHTS<br>1100-B MILTON ST<br>NEW ORLEANS, LA 701221000                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| ALS ASSOCIATION<br>LOUISIANAMISSISSIPPI CHAPTER<br>11725 INDUSTRIPLEX BLVD STE 3<br>BATON ROUGE, LA 708095190            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| UNITED CEREBRAL PALSY ASSOCIATION OF GREATER BATON ROUGE INC DBA MCMAINS<br>1805 COLLEGE DR<br>BATON ROUGE, LA 708081919 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| <b>Total . . . . . ► 3a</b>                                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                                            |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                                           |                                                                                                           |                                |                                  |           |
| FRIENDS OF THE BATON ROUGE ZOO<br>PO BOX 60<br>BAKER, LA 707040060                                                             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| UNITED CEREBRAL PALSY<br>ASSOCIATION OF GREATER BATON<br>ROUGE INC DBA MCMAINS<br>1805 COLLEGE DR<br>BATON ROUGE, LA 708081919 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| GREATER BATON ROUGE FOOD BANK<br>INC<br>PO BOX 45830<br>BATON ROUGE, LA 708954830                                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50,000    |
| <b>Total . . . . . ▶ 3a</b>                                                                                                    |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                         |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                        |                                                                                                           |                                |                                  |           |
| INTERFAITH CARING MINISTRIES INC<br>151 PARK AVE<br>LEAGUE CITY, TX 775732445                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 3,000     |
| SPECIAL OLYMPICS TEXAS INC - GREATER HOUSTON AREA<br>10777 NORTHWEST FREEWAY SUITE 110<br>HOUSTON, TX 77092 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 5,000     |
| LONE STAR FLIGHT MUSEUM<br>11551 AEROSPACE AVE<br>HOUSTON, TX 770345642                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                                 |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                          |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                         |                                                                                                           |                                |                                  |           |
| FOLDS OF HONOR FOUNDATION<br>5800 PATRIOT DR<br>OWASSO, OK 740558267                                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50,000    |
| CMS FOUNDATION<br>4421 STUART ANDREW BLVD STE 100<br>CHARLOTTE, NC 282172556                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200,000   |
| COMMUNITIES IN SCHOOLS OF CHARLOTTE MECKLENBURG INC<br>601 E 5TH STREET SUITE 300<br>CHARLOTTE, NC 282020000 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 400,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                                  |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| FOUNDATION FOR THE CAROLINAS<br>220 N TRYON ST<br>CHARLOTTE, NC 282022137                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250,000   |
| FOUNDATION FOR THE CAROLINAS<br>220 N TRYON ST<br>CHARLOTTE, NC 282022137                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200,000   |
| HEART MATH TUTORING INC<br>PO BOX 30623<br>CHARLOTTE, NC 282300623                                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| FREEDOM SCHOOL PARTNERS INC<br>PO BOX 37363<br>CHARLOTTE, NC 282377363                                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 150,000   |
| NATIONAL MULTIPLE SCLEROSIS SOCIETY GREATER CAROLINAS<br>3101 INDUSTRIAL DR STE 210<br>RALEIGH, NC 27609 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 5,000     |
| MAKE-A-WISH FOUNDATION OF THE MID- SOUTH INC<br>320 EXECUTIVE COURT SUITE 101<br>LITTLE ROCK, AR 72205   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 8,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| INTERNATIONAL RETT SYNDROME FOUNDATION<br>4600 DEVITT DR<br>CINCINNATI, OH 452461104                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| BIG BROTHERS BIG SISTERS<br>1003 WASHINGTON AVENUE<br>HOUSTON, TX 77002                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| BRIDGE OVER TROUBLED WATERS INC<br>PO BOX 3488<br>PASADENA, TX 77504                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 5,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| WOODLAND ELEMENTARY SCHOOL<br>1401 WOODLAND DR<br>PORTAGE, MI 49024                                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| BOY SCOUTS OF AMERICA<br>3914 BESTECH ROAD<br>YPSILANTI, MI 48197                                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| THE ELMPO BOX 244<br>TYRONE, PA 16686                                                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,500     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| COMMUNITY WORSHIP CENTER<br>1300 BALD EAGLE AVE<br>TYRONE, PA 166861641                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| TYRONE BOROUGH<br>1100 LOGAN AVENUE<br>TYRONE, PA 16686                                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 5,000     |
| CITY OF MAGNOLIAPO BOX 1126<br>MAGNOLIA, AR 71754                                                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 8,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| BOY SCOUTS OF AMERICA ARKANSAS<br>118 W PEACH ST<br>EL DORADO, AR 717305611                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,000     |
| QUOTA INTERNATIONAL OF MAGNOLIA<br>PO BOX 1602<br>MAGNOLIA, AR 71754                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 450       |
| LIFE TOUCH HOSPICE<br>2301 CHAMPAGNOLLE ROAD<br>EL DORADO, AR 71730                                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,790     |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| GIRL SCOUTS - DIAMONDS OF ARKANSAS OKLAHOMA AND TEXAS<br>1500 E UNIVERSITY<br>MAGNOLIA, AR 71753         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 504       |
| BOYS & GIRLS OF MAGNOLIA<br>PO BOX 811<br>MAGNOLIA, AR 717540811                                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,470     |
| ABILITIES UNLIMITED OF MAGNOLIA ARK INC<br>PO BOX 218<br>MAGNOLIA, AR 717540218                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,109     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| COLUMBIA COUNTY 4H<br>206 WEST CALHOUN<br>MAGNOLIA, AR 71753                                             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,310     |
| ARKANSAS CHILDRENS HOSPITAL<br>1 CHILDRENS WAY SLOT 661<br>LITTLE ROCK, AR 722023500                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,750     |
| COLUMBIA COUNTY SENIOR MEAL<br>SERVICES INC<br>PO BOX 476<br>MAGNOLIA, AR 717540476                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,732     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| AMERICAN CANCER SOCIETY<br>PO BOX 250<br>MAGNOLIA, AR 71754                                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,750     |
| COLUMBIA COUNTY INDEPENDENT LIVING INC<br>PO BOX 944<br>MAGNOLIA, AR 71754                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 504       |
| COMPASSIONS FOUNDATION<br>PO BOX 1734<br>MAGNOLIA, AR 717541734                                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 403       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| COLUMBIA COUNTY ANIMAL PROTECTION SOCIETY<br>PO BOX 2003<br>MAGNOLIA, AR 717547003                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,520     |
| SOUTH HAVEN PUBLIC SCHOOLS<br>07357 BASELINE RD<br>SOUTH HAVEN, MI 49090                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| SOUTH HAVEN PUBLIC SCHOOLS<br>07357 BASELINE RD<br>SOUTH HAVEN, MI 49090                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 15        |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| MICHIGAN FLYWHEELERS MUSEUM<br>06285 68TH ST<br>SOUTH HAVEN, MI 490901491                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| ARBOR CIRCLE CORPORATION<br>1115 BALL AVE NE<br>GRAND RAPIDS, MI 495055904                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| SOUTH HAVEN PUBLIC SCHOOLS<br>07357 BASELINE RD<br>SOUTH HAVEN, MI 49090                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 5,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| JUNIOR ACHIEVEMENT OF SOUTHWEST MICHIGAN<br>2775 WEST DICKMAN RD<br>BATTLE CREEK, MI 490374895           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| KIDS COUNT FOUNDATION<br>425 N 10TH ST<br>LA PORTE, TX 775713104                                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| AMERICAN CANCER SOCIETY<br>1901 BRUNSWICK AVENUE<br>CHARLOTTE, NC 28207                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 3,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| BOYS & GIRLS CLUBS OF GREATER GASTON<br>310 SOUTH BOYD STREET<br>GASTONIA, NC 28052                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 10,000    |
| HOSPICE OF CLEVELAND COUNTY INC<br>951 WENDOVER HEIGHT DR<br>SHELBY, NC 281503565                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 4,000     |
| CHILDREN'S HOMES OF CLEVELAND COUNTY<br>P O BOX 2053<br>SHELBY, NC 28151                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 4,500     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| HELPING HANDS OF HUMPHREYS COUNTY INC<br>601 E RAILROAD ST<br>WAVERLY, TN 371851216                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| AMERICAN NATIONAL RED CROSS<br>1760 MADISON ST<br>CLARKSVILLE, TN 37043                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| MID-CUMBERLAND HUMAN RESOURCE AGENCY<br>1101 KERMIT DR STE 300<br>NASHVILLE, TN 372175109                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                        |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                       |                                                                                                           |                                |                                  |           |
| JAMES DEVELOPMENTAL CENTER INC<br>PO BOX 605<br>WAVERLY, TN 371850605                                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| CHILD ADVOCACY CENTER FOR THE<br>TWENTYTHIRD JUDICAL DISTRICT INC<br>PO BOX 468<br>CHARLOTTE, TN 370360468 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| BENTON COUNTY RESCUE SQUAD<br>295 FACTORY ST<br>CAMDEN, TN 383201783                                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                                |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| WOMEN ARE SAFEPO BOX 2<br>CENTERVILLE, TN 370330002                                                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| BENTON COUNTY MINISTERIAL ALLIANCE<br>PO BOX 94<br>CAMDEN, TN 383200094                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| BOY SCOUTS OF AMERICA<br>1995 HOLLYWOOD DR<br>JACKSON, TN 383054324                                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| BIG SANDY SENIOR CITIZENS CENTER<br>PO BOX 245<br>BIG SANDY, TN 382210245                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| BIG SANDY VOLUNTEER FIRE DEPARTMENT INC<br>PO BOX 116<br>BIG SANDY, TN 382210116                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| SOUTH HAVEN PUBLIC SCHOOLS - NORTHSORE<br>554 GREEN STREET<br>SOUTH HAVEN, MI 490901491                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,500     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                                     |                                                                                                           |                                |                                  |           |
| FOUNDRY HALLPO BOX 463<br>SOUTH HAVEN, MI 490900427                                                                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| AMERICAN DIABETES ASSOCIATION<br>1550 EAST BELTLINE AVENUE<br>SOUTHEAST<br>SUITE 250<br>GRAND RAPIDS CHARTER T, MI 49506 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| DOMESTIC VIOLENCE COALITION INC<br>303 E PAW PAW ST STE 7<br>PAW PAW, MI 490791434                                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| MAKE A WISH FOUNDATION<br>7600 GRAND RIVER AVENUE SUITE 175<br>BRIGHTON, MI 48114                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| AMERICAN CANCER SOCIETY<br>1400 WEST MILHAM AVENUE<br>PORTAGE, MI 49024                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| SPECTRUM HEALTH FOUNDATION<br>100 MICHIGAN ST NE<br>GRAND RAPIDS, MI 495032560                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 5,000     |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                            |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                           |                                                                                                           |                                |                                  |           |
| SOUTH HAVEN PUBLIC SCHOOLS<br>07357 BASELINE RD<br>SOUTH HAVEN, MI 49090                                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 4,000     |
| UNITED CEREBRAL PALSY<br>ASSOCIATION OF MICHIGAN<br>3496 LAKE LANSING ROAD SUITE 170<br>EAST LANSING, MI 48823 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| BANGOR-SOUTH HAVEN HERITAGE<br>WATER TRAIL ASSOCIATION<br>PO BOX 676<br>SOUTH HAVEN, MI 490900676              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                                    |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| MARY FREE BED HOSPITAL & REHABILITATION CENTER<br>235 WEALTHY ST SE<br>GRAND RAPIDS, MI 495035247        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,000     |
| MATTAWAN ROBOTICS<br>49470 MEADOW OAK TRL<br>MATTAWAN, MI 490718616                                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| PASADENA ISD EDUCATION FOUNDATION<br>1515 CHERRYBROOK<br>PASADENA, TX 77505                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| BRAZORIA HERITAGE FOUNDATION INC<br>PO BOX 1728<br>BRAZORIA, TX 774221728                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| BLESSED BE HOPE FOR THREE INC<br>11104 WEST AIRPORT BLVD<br>STAFFORD, TX 77477                           | NONE                                                                                                      | PC                             | SCHOLARSHIP                      | 1,500     |
| CHARLOTTE SPORTS FOUNDATION<br>6337 MORRISON BLVD<br>CHARLOTTE, NC 282113510                             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 36,000    |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| CHARLOTTE HORNETS FOUNDATION<br>INC<br>333 EAST TRADE STREET<br>CHARLOTTE, NC 282022331                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 7,500     |
| TONOPAH HIGH SCHOOL<br>BOX BUTTE 1349<br>TONOPAH, NV 89049                                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 3,000     |
| COMMUNITIES IN SCHOOLS OF<br>CLEVELAND COUNTY<br>312 W MARION ST<br>SHELBY, NC 281505336                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 5,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| SOUTH HAVEN PUBLIC SCHOOLS<br>07357 BASELINE RD<br>SOUTH HAVEN, MI 49090                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 5,000     |
| BANGOR HISTORICAL SOCIETY<br>PO BOX 25<br>BANGOR, MI 490130025                                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 3,000     |
| THE SALVATION ARMY OF GREATER BATON ROUGE<br>PO BOX 15467<br>BATON ROUGE, LA 70895                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 7,500     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| MAGNOLIA ARTS COUNCIL INC<br>116 SOUTH WASHINGTON<br>MAGNOLIA, AR 71753                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 7,700     |
| EMERSON-TAYLOR SCHOOL DISTRICT<br>508 WEST MAIN STREET<br>EMERSON, AR 71740                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 206       |
| DELTA WATERFOWL FOUNDATION<br>1003 N JACKSON<br>MAGNOLIA, AR 71753                                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 800       |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| SOUTH HAVEN PERFORMANCE SERIES<br>20055 LAKE SHORE DR<br>SOUTH HAVEN, MI 490908916                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| SENIOR SERVICES OF VAN BUREN COUNTY INC<br>1635 76TH STREET<br>SOUTH HAVEN, MI 49090                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 10,000    |
| SOUTH HAVEN PUBLIC SCHOOLS<br>07357 BASELINE RD<br>SOUTH HAVEN, MI 49090                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| WE CARE INC<br>06321 BLUE STAR HIGHWAY<br>SOUTH HAVEN, MI 490900000                                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,000     |
| COUGAR PRIDE<br>3204 CULLEN BLVD SUITE 2004<br>HOUSTON, TX 77204                                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 5,000     |
| LA PORTE EDUCATION FOUNDATION<br>PO BOX 1272<br>LA PORTE, TX 775721272                                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,500     |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| LA PORTE ROTARY FOUNDATION<br>PO BOX 1534<br>LA PORTE, TX 775721534                                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| JULIA F THOMPSON INC<br>5680 HIGHWAY 6 332<br>MISSOURI CITY, TX 774594188                                | NONE                                                                                                      | PC                             | SCHOLARSHIP                      | 750       |
| CHILDREN S OASIS FOUNDATION INC<br>11358 HIGHWAY 6<br>SANTA FE, TX 775108277                             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 5,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| INTERFAITH CARING MINISTRIES INC<br>151 PARK AVE<br>LEAGUE CITY, TX 775732445                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 4,375     |
| ARMAND BAYOU NATURE CENTER INC<br>PO BOX 58828<br>HOUSTON, TX 772588828                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 4,375     |
| TODAY'S HARBOR FOR CHILDREN<br>514 BAYRIDGE ROAD<br>LA PORTE, TX 77571                                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 4,375     |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| LA PORTE EDUCATION FOUNDATION<br>PO BOX 1272<br>LA PORTE, TX 775721272                                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 4,375     |
| THE WHEELHOUSE INCPO BOX 920<br>DEER PARK, TX 775360920                                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 4,375     |
| SPECIAL CHEERS12570 CLAY RD<br>HOUSTON, TX 770415593                                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 4,375     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| HAPPY HARBOR METHODIST HOME INC<br>1440 LAKE FRONT CIR STE 110<br>THE WOODLANDS, TX 773803607            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 4,375     |
| ASSISTANCE LEAGUE OF THE BAY AREA<br>PO BOX 591131<br>HOUSTON, TX 77259                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 4,375     |
| GEORGE MCCLELLAN FOUNDATION<br>PO BOX 410<br>SUGAR LAND, TX 774870410                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 5,000     |
| <b>Total . . . . . ► 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| ELKINS BASEBALL CLUB INC<br>6140 HIGHWAY 6 160<br>MISSOURI CITY, TX 774593802                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| A WORLD FOR CHILDREN<br>701 N POST OAK ROAD SUITE 208<br>HOUSTON, TX 77024                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,250     |
| PROJECT JOY AND HOPE FOR TEXAS<br>PO BOX 5111<br>PASADENA, TX 775085111                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,250     |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| ACTION MINISTRIES HOUSTON<br>INCORPORATED<br>PO BOX 35702<br>HOUSTON, TX 772355702                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,250     |
| BIG BROTHERS BIG SISTERS<br>1003 WASHINGTON AVENUE<br>HOUSTON, TX 77002                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,250     |
| BO'S PLACE10050 BUFFALO SPEEDWAY<br>HOUSTON, TX 770541302                                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,250     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> Paid during the year                                                                            |                                                                                                           |                                |                                  |           |
| CHAMPIONS KIDS CAMP INC<br>11152 WESTHEIMER 681 HOUSTON TX<br>77042<br>HOUSTON, TX 77042                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,250     |
| SARAH'S HOUSEPO BOX 4995<br>PASADENA, TX 77502                                                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,250     |
| BRIDGE OVER TROUBLED WATERS INC<br>PO BOX 3488<br>PASADENA, TX 77504                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,250     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| THE ROSE12700 N FEATHERWOOD<br>HOUSTON, TX 770344439                                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,250     |
| FAMILY PROMISE OF LAKE HOUSTON<br>111 S AVENUE G<br>HUMBLE, TX 773384745                                 | NONE                                                                                                      | PC                             | SCHOLARSHIP                      | 1,250     |
| BLESSED BE HOPE FOR THREE INC<br>11104 WEST AIRPORT BLVD<br>STAFFORD, TX 77477                           | NONE                                                                                                      | PC                             | SCHOLARSHIP                      | 1,250     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| LOVE146 INC1800 CAMDEN ROAD<br>CHARLOTTE, NC 28203                                                       | NONE                                                                                                      | PC                             | SCHOLARSHIP                      | 1,250     |
| GALVESTON BAY FOUNDATION<br>1100 HERCULES AVENUE SUITE 200<br>HOUSTON, TX 77058                          | NONE                                                                                                      | PC                             | SCHOLARSHIP                      | 2,500     |
| TYRONE AREA PUBLIC LIBRARY<br>1000 PENNSYLVANIA AVE<br>TYRONE, PA 166861514                              | NONE                                                                                                      | PC                             | SCHOLARSHIP                      | 2,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                                               |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                                              |                                                                                                           |                                |                                  |           |
| RONALD MCDONALD HOUSE CHARITIES OF PITTSBURGH AND MORGANTOWN INC<br>451 44TH STREET - PENTHOUSE FLOOR<br>PITTSBURGH, PA 152011138 | NONE                                                                                                      | PC                             | SCHOLARSHIP                      | 306       |
| RONALD MCDONALD HOUSE CHARITIES OF PITTSBURGH AND MORGANTOWN INC<br>451 44TH STREET - PENTHOUSE FLOOR<br>PITTSBURGH, PA 152011138 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 894       |
| LIFE ENRICHMENT CENTER OF CLEVELAND COUNTY INC<br>110 LIFE ENRICHMENT BLVD<br>SHELBY, NC 281503689                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 4,750     |
| <b>Total . . . . . ► 3a</b>                                                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| KINGS MOUNTAIN CRISIS MINISTRY INC<br>PO BOX 1335<br>KINGS MOUNTAIN, NC 280861335                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 3,500     |
| FRIENDS OF CROWDERS MOUNTAIN INC<br>337 PATTERSON RD<br>KINGS MTN, NC 280868976                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 3,500     |
| GASTON HUMANE SOCIETY INC<br>PO BOX 2334<br>GASTONIA, NC 280532334                                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 900       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| CAROLINA RAPTOR CENTER INC<br>6000 SAMPLE RD<br>HUNTERSVILLE, NC 280788491                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 900       |
| SECOND HARVEST FOOD BANK OF METROLINA INC<br>500 SPRATT ST STE B<br>CHARLOTTE, NC 282063235              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 25,000    |
| SOUTH HAVEN PUBLIC SCHOOLS<br>07357 BASELINE RD<br>SOUTH HAVEN, MI 49090                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 6,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| HASHPO BOX 552<br>SOUTH HAVEN, MI 49090                                                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,000     |
| FIRST CONGREGATIONAL CHURCH<br>651 PHOENIX ST<br>SOUTH HAVEN, MI 49090                                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,000     |
| LAKESHORE RESCUE MISSIONS<br>356 FAIRBANKS AVE<br>HOLLAND, MI 494233718                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| LAKE MICHIGAN COLLEGE FOUNDATION<br>2755 E NAPIER AVE<br>BENTON HARBOR, MI 490221881                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,000     |
| SENIOR SERVICES OF VAN BUREN COUNTY INC<br>1635 76TH STREET<br>SOUTH HAVEN, MI 49090                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,000     |
| HOPE 4 WILDLIFE INC<br>69783 COUNTY ROAD 652<br>LAWTON, MI 490658669                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| GALVESTON COUNTY FAIR AND RODEO INC<br>PO BOX 889<br>SANTA FE, TX 775100889                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,975     |
| THE WHEELHOUSE INCPO BOX 920<br>DEER PARK, TX 775360920                                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 5,000     |
| MEDILIFE OF HOUSTON INC<br>1801 SMITH ST<br>HOUSTON, TX 770028078                                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 10,000    |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| PASADENA ISD EDUCATION FOUNDATION<br>1515 CHERRYBROOK<br>PASADENA, TX 77505                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 5,000     |
| IN HIS SITE OUTDOORS<br>1030 STRAWBERRY ROAD<br>PASADENA, TX 77506                                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| LA PORTE EDUCATION FOUNDATION<br>PO BOX 1272<br>LA PORTE, TX 775721272                                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 8,500     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| NATIONAL MULTIPLE SCLEROSIS SOCIETY<br>8111 N STADIUM DRIVE<br>HOUSTON, TX 77054                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 4,000     |
| DEER PARK ELEMENTARY PTO<br>2920 LUELLA AVE<br>DEER PARK, TX 775365199                                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| TEXAS INTERCITY FOOTBALL INC<br>3009 STRAWBERRY RD<br>PASADENA, TX 775025216                             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| PASADENA ISD EDUCATION FOUNDATION<br>1515 CHERRYBROOK<br>PASADENA, TX 77505                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 5,000     |
| LOVE146 INC1800 CAMDEN ROAD<br>CHARLOTTE, NC 28203                                                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 5,000     |
| HUMBLE ISD EDUCATION FOUNDATION<br>PO BOX 2105<br>HUMBLE, TX 773472000                                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 5,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| ROSS S STERLING PROJECT<br>GRADUATION INC<br>PO BOX 1183<br>BAYTOWN, TX 775221183                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| SPLENDORA HIGH SCHOOL PROJECT<br>GRADUATION<br>PO BOX 62<br>SPLENDORA, TX 773720062                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| BOY SCOUTS OF AMERICA<br>1410 E 7TH ST<br>CHARLOTTE, NC 282042408                                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| THE CAROLINAS HEALTHCARE FOUNDATION INC<br>208 EAST BLVD<br>CHARLOTTE, NC 28203                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 20,000    |
| WESLEY UNITED METHODIST CHURCH<br>1200 LOGAN AVE<br>TYRONE, PA 166861626                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 4,500     |
| PREVENT CHILD ABUSE LOUISIANA INC<br>412 N 4TH STREET SUITE 260<br>BATON ROUGE, LA 70802                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,500     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                                        |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                                       |                                                                                                           |                                |                                  |           |
| SCOTLANDVILLE MAGNET HIGH SCHOOL HIGH SCHOOL FOR ENGINEERING PROFESSIONS<br>9870 SCOTLAND AVE<br>BATON ROUGE, LA 708073959 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| CAMDEN CENTRAL HIGH SCHOOL<br>115 SCHOOLS DR<br>CAMDEN, TN 38320                                                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| WAVERLY CENTRAL HIGH SCHOOL<br>1325 HWY 70 W<br>WAVERLY, TN 37185                                                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                                                |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| WE CARE INC<br>06321 BLUE STAR HIGHWAY<br>SOUTH HAVEN, MI 490900000                                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| MY TEAM TRIUMPH INC<br>415 BROADRIDGE DR<br>JACKSON, MO 637553037                                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,500     |
| GLORIA GATES MEMORIAL FOUNDATION INC<br>PO BOX 89<br>ALTOONA, PA 166030089                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                               |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                              |                                                                                                           |                                |                                  |           |
| THE CHRISTMAS CAROL FOUNDATION<br>ONE FOREVER DRIVE<br>HOLLIDAYSBURG, PA 16648                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| CENTER FOR INDEPENDENT LIVING OF<br>SOUTH CENTRAL PENNSYLVANIA<br>2900 BEALE AVE STE 118<br>ALTOONA, PA 166011710 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 4,000     |
| INTERFAITH CARING MINISTRIES INC<br>151 PARK AVE<br>LEAGUE CITY, TX 775732445                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 7,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| IGLESIA CRISTO VIENE OF BAYTOWN INC<br>400 CEDAR BAYOU RD<br>BAYTOWN, TX 775202912                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,500     |
| ASSISTANCE LEAGUE OF THE BAY AREA<br>PO BOX 591131<br>HOUSTON, TX 77259                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 7,000     |
| ARMAND BAYOU NATURE CENTER INC<br>PO BOX 58828<br>HOUSTON, TX 772588828                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 7,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| TODAY'S HARBOR FOR CHILDREN<br>514 BAYRIDGE ROAD<br>LA PORTE, TX 77571                                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 7,000     |
| LA PORTE EDUCATION FOUNDATION<br>PO BOX 1272<br>LA PORTE, TX 775721272                                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 7,000     |
| THE WHEELHOUSE INCPO BOX 920<br>DEER PARK, TX 775360920                                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 7,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                           |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                          |                                                                                                           |                                |                                  |           |
| SPECIAL CHEERS12570 CLAY RD<br>HOUSTON, TX 770415593                                                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 7,000     |
| HAPPY HARBOR METHODIST HOME INC<br>900 PARKWAY<br>LA PORTE, TX 77571                                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 7,000     |
| CYCLE - CHANGING YOUNG CHILDRENS<br>LIVES THROUGH EDUCATION<br>2200 LOUETTA SUITE 101<br>SPRING, TX 773884705 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 20,000    |
| <b>Total . . . . . ▶ 3a</b>                                                                                   |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| RONALD MCDONALD HOUSE OF HOUSTON INC<br>1907 HOLCOMBE BLVD<br>HOUSTON, TX 770304123                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| TEXAS MUNICIPAL POLICE ASSOCIATION CHARITIES INC<br>6200 LA CALMA DR STE 200<br>AUSTIN, TX 787523800     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| HUMANE SOCIETY OF CHARLOTTE INC<br>2700 TOOMEY AVE<br>CHARLOTTE, NC 282035556                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 5,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| YBM LEADERSHIP ACADEMY<br>416 MCCULLOUGH DR STE 215<br>CHARLOTTE, NC 282624393                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 10,000    |
| TEXAS CONSERVATION FUND<br>PO BOX 58405<br>HOUSTON, TX 772588405                                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| GALVESTON COUNTY FAIR AND RODEO INC<br>PO BOX 889<br>SANTA FE, TX 775100889                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| NAOMIS HOME MINISTRIES<br>1020 E TERRELL AVE<br>FORT WORTH, TX 761043746                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 10,000    |
| WE CARE INC<br>06321 BLUE STAR HIGHWAY<br>SOUTH HAVEN, MI 490900000                                      | NONE                                                                                                      | PC                             | SCHOLARSHIP                      | 500       |
| SOUTH HAVEN COMMUNITY FOUNDATION<br>228 BROADWAY ST<br>SOUTH HAVEN, MI 490901472                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,500     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| VAN BUREN INTERMEDIATE SCHOOL DISTRICT<br>490 S PAW PAW STREET<br>LAWRENCE, MI 490649507                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| HOSPICE AT HOME INC<br>05055 BLUE STAR HWY<br>SOUTH HAVEN, MI 49090                                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| SAFE HARBOR CHILDRENS ADVOCACY CENT<br>402 TROWBRIDGE ST<br>ALLEGAN, MI 490101231                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| HOSPICE AT HOME INC<br>05055 BLUE STAR HWY<br>SOUTH HAVEN, MI 49090                                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 650       |
| NEPTUNE STEAM FIRE COMPANY NO I<br>1701 LINCOLN AVE<br>TYRONE, PA 166862176                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| COMMUNITY WORSHIP CENTER<br>1300 BALD EAGLE AVE<br>TYRONE, PA 166861641                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,550     |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| TYRONE BOROUGH<br>1100 LOGAN AVENUE<br>TYRONE, PA 16686                                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| CARE PREGNANCY CLINIC<br>3813 N FLANNERY RD<br>BATON ROUAE, LA 708148002                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,500     |
| GAITWAY THERAPEUTIC HORSEMANSHIP<br>1300 LAWRENCE PARKWAY<br>ST GABRIEL, LA 70776                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| NATIONAL MULTIPLE SCLEROSIS SOCIETY<br>4613 FAIRFIELD STREET<br>METAIRIE, LA 70006                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,500     |
| TONOPAH VOLUNTEER FIRE DEPARTMENT<br>200 BROUGHER AVENUE<br>TONOPAH, NV 890490000                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,642     |
| SOUTHERN ARKANSAS UNIVERSITY FOUNDATION INC<br>100 E UNIVERSITY MSC 9174<br>MAGNOLIA, AR 71753           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| NATIONAL MULTIPLE SCLEROSIS SOCIETY<br>4613 FAIRFIELD STREET<br>METAIRIE, LA 70006                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| HONOR FLIGHT HOUSTON<br>PO BOX 73145<br>HOUSTON, TX 772733145                                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| PASADENA ISD EDUCATION FOUNDATION<br>1515 CHERRYBROOK<br>PASADENA, TX 77505                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 750       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| GIRL SCOUTS HORNETS' NEST COUNCIL<br>7007 IDLEWILD RD<br>CHARLOTTE, NC 282125751                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| LET ME RUN4400 PARK RD STE 300<br>CHARLOTTE, NC 282093280                                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| MUSEUM OF THE NEW SOUTH INC<br>200 E 7TH ST<br>CHARLOTTE, NC 282022508                                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| STARS MATH & ENGLISH ACADEMY<br>PO BOX 680044<br>CHARLOTTE, NC 28216                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| THE RELATIVES INC<br>119 EAST 8TH STREET<br>CHARLOTTE, NC 28202                                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| HABITAT FOR HUMANITY INTERNATIONAL INC<br>3815 LATROBE DR<br>CHARLOTTE, NC 282111166                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 75,000    |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| SOUTHERN ARKANSAS UNIVERSITY FOUNDATION INC<br>100 E UNIVERSITY MSC 9174<br>MAGNOLIA, AR 71753           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 25,000    |
| COLUMBIA CHRISTIAN SCHOOL<br>250 WARNOCK SPRINGS ROAD<br>MAGNOLIA, AR 717539002                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 300       |
| HANNAH PREGNANCY RESOURCE CENTER<br>101 W MAIN ST STE 201<br>EL DORADO, AR 717305654                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,416     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| COLUMBIA COUNTY FAIR LIVESTOCK SHOW ASSOCIATION INC<br>PO BOX 1411<br>MAGNOLIA, AR 71754                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 900       |
| COLUMBIA COUNTY FAIR LIVESTOCK SHOW ASSOCIATION INC<br>PO BOX 1514<br>MAGNOLIA, AR 71754                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 900       |
| BOYS & GIRLS OF MAGNOLIA<br>PO BOX 811<br>MAGNOLIA, AR 717540811                                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 300       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> Paid during the year                                                                            |                                                                                                           |                                |                                  |           |
| ST JUDE CHILDRENS RESEARCH HOSPITAL INC<br>262 DANNY THOMAS PL MSC 512<br>MEMPHIS, TN 38105              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,750     |
| SALVATION ARMY321 EAST STADIUM<br>MAGNOLIA, AR 71753                                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 302       |
| MAGNOLIA SPECIALIZED SERVICES INC<br>PO BOX 595<br>MAGNOLIA, AR 717540595                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,094     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| CITY OF MAGNOLIAPO BOX 1126<br>MAGNOLIA, AR 71754                                                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 302       |
| H & P ANIMAL ALLIANCEPO BOX 1526<br>MAGNOLIA, AR 717541526                                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 729       |
| JDRF INTERNATIONAL<br>11324 ARCADE DR SUITE 16<br>LITTLE ROCK, AR 72212                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 605       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| HANNAH PREGNANCY RESOURCE CENTER<br>101 W MAIN ST STE 201<br>EL DORADO, AR 717305654                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,520     |
| SOUTHERN CHRISTIAN MISSION INC<br>515 W MONROE<br>MAGNOLIA, AR 717533454                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,923     |
| BOY SCOUTS OF AMERICA ARKANSAS<br>118 W PEACH ST<br>EL DORADO, AR 717305611                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,008     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| FIRST UNITED METHODIST CHURCH-MAGNOLIA<br>320 WEST MAIN STREET<br>MAGNOLIA, AR 71753                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,520     |
| MAGNOLIA-COLUMBIA COUNTY LITERACY COUNCIL<br>PO BOX 1440<br>MAGNOLIA, AR 717541440                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 605       |
| UNIVERSITY OF ARKANSAS FOUNDATION INC - KIDS FIRST<br>301 W CALHOUN<br>MAGNOLIA, AR 71753                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,310     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| SHARE FOUNDATION DBA LIFE TOUCH HOSPICE<br>2301 CHAMPAGNOLLE RD<br>EL DORADO, AR 71730                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,822     |
| FRIENDSWOOD GIRLS SOFTBALL ASSOCIATION INC<br>PO BOX 243<br>FRIENDSWOOD, TX 775490243                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,500     |
| BO'S PLACE10050 BUFFALO SPEEDWAY<br>HOUSTON, TX 770541302                                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 5,000     |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| COMMUNITIES IN SCHOOLS BAY AREA INC<br>PO BOX 580096<br>HOUSTON, TX 772580096                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 5,000     |
| PROJECT JOY AND HOPE FOR TEXAS<br>PO BOX 5111<br>PASADENA, TX 775085111                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,250     |
| BIG BROTHERS BIG SISTERS<br>1003 WASHINGTON AVENUE<br>HOUSTON, TX 77002                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,250     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| BRIDGE OVER TROUBLED WATERS INC<br>PO BOX 3488<br>PASADENA, TX 77504                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,250     |
| ACTION MINISTRIES HOUSTON<br>INCORPORATED<br>PO BOX 35702<br>HOUSTON, TX 772355702                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,250     |
| FAMILY PROMISE OF LAKE HOUSTON<br>111 S AVENUE G<br>HUMBLE, TX 773384745                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,250     |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| SARAH'S HOUSEPO BOX 4995<br>PASADENA, TX 77502                                                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,250     |
| THE ROSE12700 N FEATHERWOOD<br>HOUSTON, TX 770344439                                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,250     |
| A WORLD FOR CHILDREN<br>701 N POST OAK ROAD SUITE 208<br>HOUSTON, TX 77024                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,250     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> Paid during the year                                                                            |                                                                                                           |                                |                                  |           |
| CHAMPIONS KIDS CAMP INC<br>11152 WESTHEIMER 681 HOUSTON TX<br>77042<br>HOUSTON, TX 77042                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,250     |
| LOVE146 INC1800 CAMDEN ROAD<br>CHARLOTTE, NC 28203                                                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,250     |
| BLESSED BE HOPE FOR THREE INC<br>11104 WEST AIRPORT BLVD<br>STAFFORD, TX 77477                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,250     |
| Total . . . . . ▶ <b>3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| UNITED SERVICE ORGANIZATIONS INC<br>2111 WILSON BLVD STE 1200<br>ARLINGTON, VA 222013052                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| UNITED SERVICE ORGANIZATIONS INC<br>2111 WILSON BLVD STE 1200<br>ARLINGTON, VA 222013052                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| SETON LASALLE CATHOLIC HIGH SCHOOL INC<br>1000 MCNEILLY RD<br>PITTSBURGH, PA 152262513                   | NONE                                                                                                      | PC                             | SCHOLARSHIP                      | 100       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| ABILITIES UNLIMITED OF MAGNOLIA ARK INC<br>PO BOX 218<br>MAGNOLIA, AR 717540218                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| THE SALVATION ARMY<br>813 NOTTINGHAM STREET<br>ORANGEBURG, SC 29115                                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| FOOD FOR THE POOR INC<br>6401 LYONS RD<br>COCONUT CREEK, FL 330733602                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| SETON LASALLE CATHOLIC HIGH SCHOOL INC<br>1000 MCNEILLY RD<br>PITTSBURGH, PA 152262513                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| STAR OF HOPE MISSION<br>6897 ARDMORE ST<br>HOUSTON, TX 770542307                                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 120       |
| THE UNIVERSITY OF TEXAS FOUNDATION<br>PO BOX 250<br>AUSTIN, TX 787670250                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 650       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| ABILITIES UNLIMITED OF MAGNOLIA<br>ARK INC<br>PO BOX 218<br>MAGNOLIA, AR 717540218                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| ALBEMARLE CARE FUND<br>451 FLORIDA ST<br>BATON ROUGE, LA 708011700                                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| ALZHEIMERS SERVICES OF THE<br>CAPITAL AREA<br>3772 NORTH BLVD<br>BATON ROUGE, LA 708063822               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                                          |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                                         |                                                                                                           |                                |                                  |           |
| AUBURN UNIVERSITY FOUNDATION<br>317 S COLLEGE ST<br>AUBURN, AL 368495149                                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| BAPTIST MISSIONARY ASSOCIATION OF AMERICA<br>PO BOX 878<br>CONWAY, AR 720330878                                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 400       |
| BATON ROUGE SPEECH AND HEARING FOUNDATION INC (THE EMERGE CENTER)<br>7784 INNOVATION PARK DRIVE<br>BATON ROUGE, LA 708207006 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| <b>Total . . . . . ▶ 3a</b>                                                                                                  |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| BETHANY CENTRE ALLIANCE<br>1150 BAIRD DR<br>BATON ROUGE, LA 708085924                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 60        |
| BETHANY CHURCH13855 PLANK RD<br>BAKER, LA 707144928                                                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,529     |
| BIBLE BROADCASTING NETWORK<br>INCORPORATED<br>11530 CARMEL COMMONS BLVD<br>CHARLOTTE, NC 282263976       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| BIG BUDDY PROGRAM1415 MAIN ST<br>BATON ROUGE, LA 708024664                                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 150       |
| BIG RIVER ECONOMIC AND AGRICULTURAL DEVELOPMENT ALLIANCE<br>PO BOX 3976<br>BATON ROUGE, LA 708213976     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| BOARD OF TRUSTEES FOR THE UNIVERSITY OF ALABAMA<br>PO BOX 870101<br>TUSCALOOSA, AL 354011551             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 128       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                                          |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                                         |                                                                                                           |                                |                                  |           |
| BOYS & GIRLS OF MAGNOLIA<br>PO BOX 811<br>MAGNOLIA, AR 717540811                                                             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 460       |
| BREAKING CHAINSPO BOX 27524<br>SAN DIEGO, CA 921981524                                                                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| BROTHERS OF THE CHRISTIAN<br>SCHOOLS DISTRICT OF EASTERN<br>NORTH AMERICA<br>444-A ROUTE 35 SOUTH<br>EATONTOWN, NJ 077242200 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| <b>Total . . . . . ▶ 3a</b>                                                                                                  |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| CAMPUS CRUSADE FOR CHRIST INC<br>100 LAKE HART DRIVE 2200<br>ORLANDO, FL 328320100                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 4,000     |
| CANCER SERVICES OF GREATER BATON ROUGE<br>550 LOBDELL AVE<br>BATON ROUGE, LA 708066316                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| CAPITAL AREA CASA ASSOCIATION<br>848 LOUISIANA AVE<br>BATON ROUGE, LA 708025927                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 150       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                            |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                           |                                                                                                           |                                |                                  |           |
| CASE ALUMNI ASSOCIATION INCORPORATED<br>10900 EUCLID AVE TOMLINSON HALL<br>ROOM 109<br>CLEVELAND, OH 441067073 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| CATHOLIC CHARITIES OF THE DIOCESE OF BATON ROUGE INC<br>PO BOX 1668<br>BATON ROUGE, LA 708211668               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| CENTRAL BAPTIST CHURCH<br>207 W UNION<br>MAGNOLIA, AR 717532833                                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,700     |
| <b>Total . . . . . ▶ 3a</b>                                                                                    |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| CHAPMAN UNIVERSITY<br>1 UNIVERSITY DR<br>ORANGE, CA 928661005                                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| CHURCH AT CHARLOTTE<br>2500 CARMEL RD<br>CHARLOTTE, NC 282266327                                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,250     |
| CITY YEAR BATON ROUGE<br>111 NORTH THIRD STREET<br>BATON ROUGE, LA 70801                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 150       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| CLEAR LAKE CHURCH OF CHRIST<br>938 EL DORADO BLVD<br>HOUSTON, TX 770624020                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 680       |
| CLEAR LAKE UNITED METHODIST CHURCH<br>16335 EL CAMINO REAL<br>HOUSTON, TX 77062                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,350     |
| CO-CATHEDRAL OF THE SACRED HEART<br>1701 SAN JACINTO ST<br>HOUSTON, TX 77002                             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,600     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| COLLEGIATE SCHOOL<br>103 N MOORELAND RD<br>RICHMOND, VA 232297709                                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| COLONNADE CLUB OF THE UNIVERSITY OF VIRGINIA<br>PAVILION VII WEST LAWN<br>CHARLOTTESVILLE, VA 229030000  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| COLUMBIA COUNTY ANIMAL PROTECTION SOCIETY<br>PO BOX 2003<br>MAGNOLIA, AR 717547003                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> Paid during the year                                                                            |                                                                                                           |                                |                                  |           |
| COMPASSION'S FOUNDATION INC<br>PO BOX 1734<br>MAGNOLIA, AR 717541734                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 185       |
| CONCORDIA UNIVERSITY NEBRASKA<br>800 N COLUMBIA AVE<br>SEWARD, NE 684341500                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| COVENANT DAY SCHOOL<br>800 FULLWOOD ROAD<br>MATTHEWS, NC 281052661                                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| CRISIS INTERVENTION CENTER<br>4837 REVERE AVE<br>BATON ROUGE, LA 708083166                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| CYSTIC FIBROSIS FOUNDATION<br>10532 S GLENSTONE SUITE C<br>BATON ROUGE, LA 70810                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| DELTA DELTA DELTA FOUNDATION<br>14951 NORTH DALLAS PARKWAY SUITE 500<br>DALLAS, TX 75254                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| FIRST UNITED METHODIST CHURCH-MAGNOLIA<br>320 WEST MAIN STREET<br>MAGNOLIA, AR 71753                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| FOOD FOR THE POOR INC<br>6401 LYONS RD<br>COCONUT CREEK, FL 330733602                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| FRIENDS OF LOUISIANA PUBLIC BROADCASTING INC<br>7733 PERKINS RD<br>BATON ROUGE, LA 708101009             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 330       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| FRIENDS OF THE ANIMALS BR INC<br>PO BOX 14871<br>BATON ROUGE, LA 708068280                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| GIVEDIRECTLY INCPO BOX 3221<br>NEW YORK, NY 100083221                                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| GLEASON INITIATIVE FOUNDATION<br>930 ROBERT E LEE BLVD<br>NEW ORLEANS, LA 701244045                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| GREATER BATON ROUGE FOOD BANK INC<br>PO BOX 45830<br>BATON ROUGE, LA 708954830                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| GUIDING EYES FOR THE BLIND INC<br>611 GRANITE SPRINGS RD<br>YORKTOWN HTS, NY 105983411                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 150       |
| HABITAT FOR HUMANITY INTERNATIONAL<br>121 HABITAT ST<br>AMERICUS, GA 317093423                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 120       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| IGLESIA CRISTO VIENE OF BAYTOWN INC<br>400 CEDAR BAYOU RD<br>BAYTOWN, TX 775202912                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| INJURED MARINE SEMPER FI FUND<br>PO BOX 555193<br>CMP PENDLETON, CA 920555193                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| INTERLOCHEN CENTER FOR THE ARTS<br>PO BOX 199<br>INTERLOCHEN, MI 496430199                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| INTERNATIONAL LUTHERAN LAYMENS LEAGUE<br>660 MASON RIDGE CENTER DR<br>SAINT LOUIS, MO 63141              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| JACKSON STREET CHURCH OF CHRIST<br>313 S JACKSON<br>MAGNOLIA, AR 717533629                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 4,850     |
| JEFFERSON BAPTIST CHURCH<br>9135 JEFFERSON HWY<br>BATON ROUGE, LA 708092440                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| KANSAS UNIVERSITY ENDOWMENT ASSOC<br>PO BOX 928<br>LAWRENCE, KS 660440928                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| KAPPA KAPPA GAMMA FOUNDATION<br>6640 RIVERSIDE DR SUITE 200<br>DUBLIN, OH 43017                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| LAUREN SAVOY OLINDE FOUNDATION<br>1146 CLUB PLACE<br>BATON ROUGE, LA 70810                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| LEUKEMIA & LYMPHOMA SOCIETY INC<br>3 INTERNATIONAL DRIVE SUITE 200<br>RYE BROOK, NY 10573                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| LIFE ACTION MINISTRIESPO BOX 31<br>BUCHANAN, MI 491070031                                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 99        |
| LOUISIANA ENVIRONMENTAL ACTION NETWORK<br>162 CROYDON AVE<br>BATON ROUGE, LA 708064501                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                                 |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                                |                                                                                                           |                                |                                  |           |
| MAGNOLIA ARTS COUNCIL INC<br>116 SOUTH WASHINGTON<br>MAGNOLIA, AR 71753                                             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 550       |
| MAKE-A-WISH FOUNDATION OF<br>CENTRAL AND WESTERN NORTH<br>CAROLINA INC<br>1131 HARDING PLACE<br>CHARLOTTE, NC 28204 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| MANCHESTER UNIVERSITYPO BOX 365<br>N MANCHESTER, IN 469620365                                                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,500     |
| <b>Total . . . . . ▶ 3a</b>                                                                                         |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| MARY BIRD PERKINS CANCER CENTER<br>4950 ESSEN LANE<br>BATON ROUGE, LA 708093738                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| MAZON INC A JEWISH RESPONSE TO HUNGER<br>10850 WILSHIRE BLVD STE 400<br>LOS ANGELES, CA 900244316        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 54        |
| MICHIGAN STATE UNIVERSITY<br>350 ADMINISTRATION BLDG<br>EAST LANSING, MI 488241046                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,600     |
| <b>Total . . . . . ► 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| MONTESSORI SCHOOL OF DT<br>2121 GRAND BLVD<br>PEARLAND, TX 775813401                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| NATIONAL MUSEUM OF WOMEN IN THE ARTS INC<br>1250 NEW YORK AVE NW<br>WASHINGTON, DC 200053970             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| OPERA LOUISIANEPOBOX 4908<br>BATON ROUGE, LA 70821                                                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| ORANGEBURG CALHOUN FREE MEDICAL CLINIC<br>PO BOX 505<br>ORANGEBURG, SC 291160505                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| ORANGEBURG COUNTY FINE ARTS CENTER<br>PO BOX 2106<br>ORANGEBURG, SC 291162106                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| OUR DAILY BREAD MINISTRIES FOUNDATION<br>3000 KRAFT AVE SE<br>GRAND RAPIDS, MI 495122024                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                            |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                           |                                                                                                           |                                |                                  |           |
| OUR LADY OF THE LAKE SCHOOL<br>316 LAFITTE STREET<br>MANDEVILLE, LA 704485827                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| PARTICULAR COUNCIL OF ST VINCENT<br>DE PAUL OF BATON ROUGE LOUSIANA<br>PO BOX 127<br>BATON ROUGE, LA 708210127 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| PROJECT DOXA INC6668 E 126TH ST S<br>BIXBY, OK 740082391                                                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| <b>Total . . . . . ▶ 3a</b>                                                                                    |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| PUBLIC RADIO INC<br>3050 VALLEY CREEK DR<br>BATON ROUGE, LA 708083145                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 340       |
| RHODES COLLEGE2000 N PARKWAY<br>MEMPHIS, TN 381121624                                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 125       |
| RIVERBANKS SOCIETY<br>500 WILDLIFE PARKWAY<br>COLUMBIA, SC 29210                                         | NONE                                                                                                      | PC                             | SCHOLARSHIP                      | 150       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                               |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                              |                                                                                                           |                                |                                  |           |
| ROMAN CATHOLIC CHURCH OF THE<br>DIOCESE OF BATON ROUGE DEPOSIT &<br>L<br>PO BOX 2028<br>BATON ROUGE, LA 708212028 | NONE                                                                                                      | PC                             | SCHOLARSHIP                      | 600       |
| SAMARITANS PURSEPO BOX 3000<br>BOONE, NC 286073000                                                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| SETON LASALLE CATHOLIC HIGH<br>SCHOOL INC<br>1000 MCNEILLY RD<br>PITTSBURGH, PA 152262513                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . . ▶ 3a</b>                                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                                |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                               |                                                                                                           |                                |                                  |           |
| SOUTH DAKOTA SCHOOL OF MINES AND TECHNOLOGY FOUNDATION<br>306 EAST ST JOSEPH SUITE 200<br>RAPID CITY, SD 577013901 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| SOUTHERN METHODIST UNIVERSITY<br>PO BOX 750402<br>DALLAS, TX 752750402                                             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 150       |
| SOUTHERN POVERTY LAW CENTER INC<br>400 WASHINGTON AVE<br>MONTGOMERY, AL 361044344                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| <b>Total . . . . . ▶ 3a</b>                                                                                        |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| SPAY BATON ROUGEPO BOX 82638<br>BATON ROUGE, LA 708842638                                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| ST ALOYSIUS SCHOOL<br>2025 STUART AVENUE<br>BATON ROUGE, LA 708083979                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| ST FRANCISVILLE AREA FOUNDATION<br>INC<br>PO BOX 797<br>ST FRANCISVLE, LA 707750797                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| ST JOSEPHS ACADEMY<br>3015 BROUSSARD STREET<br>BATON ROUGE, LA 708081120                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 475       |
| ST JUDE CHILDRENS RESEARCH HOSPITAL INC<br>501 ST JUDE PLACE ATTN B JACKSON<br>MEMPHIS, TN 381053678     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| ST PATRICK ROMAN CATHOLIC CHURCH<br>12424 BROGDON LN<br>BATON ROUGE, LA 70816                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 905       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| ST PETER CHANEL INTERPAROCHIAL SCHOOL<br>2590 HIGHWAY 44<br>PAULINA, LA 707632705                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| ST FRANCIS DE SALES CATHEDRAL SCHOOL<br>300 VERRET STREET<br>HOUMA, LA 70360                             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| STAR OF HOPE MISSION<br>6897 ARDMORE ST<br>HOUSTON, TX 770542307                                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| TEXAS AGGIE BAND ASSOCIATION<br>1134 FINFEATHER RD<br>BRYAN, TX 778033823                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| THE BOSTON CONSERVATORY<br>8 THE FENWAY<br>BOSTON, MA 022154006                                          | NONE                                                                                                      | PC                             | SCHOLARSHIP                      | 125       |
| THE CULTURE PROJECT<br>INTERNATIONAL<br>PO BOX 86<br>WYNNEWOOD, PA 190960086                             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| THE OHIO STATE UNIVERSITY<br>1480 WEST LANE AVE<br>COLUMBUS, OH 43221                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| THE SALVATION ARMY<br>813 NOTTINGHAM STREET<br>ORANGEBURG, SC 29115                                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| THE SHRINERS HOSPITAL FOR CHILDREN<br>2900 N ROCKY POINT DR<br>TAMPA, FL 336071435                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| THE UNIVERSITY OF TENNESSEE<br>FOUNDATION INC<br>1525 UNIVERSITY AVENUE<br>KNOXVILLE, TN 37921           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 125       |
| THE UNIVERSITY OF TEXAS<br>FOUNDATION<br>PO BOX 250<br>AUSTIN, TX 787670250                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 750       |
| THOMAS MORE PREP MARIAN HIGH<br>SCHOOL<br>1701 HALL STREET<br>HAYS, KS 676013145                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                                            |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                                           |                                                                                                           |                                |                                  |           |
| TRUE CROSS SCHOOL<br>400 FM 517 ROAD E<br>DICKINSON, TX 775398631                                                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| UNITED CEREBRAL PALSY<br>ASSOCIATION OF GREATER BATON<br>ROUGE INC DBA MCMAINS<br>1805 COLLEGE DR<br>BATON ROUGE, LA 708081919 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 450       |
| UNIVERSITY OF ALABAMA DONOR<br>ADVISED FUND<br>BOX 870203<br>TUSCALOOSA, AL 354870001                                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 300       |
| <b>Total . . . . . ▶ 3a</b>                                                                                                    |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| UNIVERSITY OF ALABAMA HUNTSVILLE FOUNDATION<br>301 SPARKMAN DR SKH 316<br>HUNTSVILLE, AL 35899           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| UNIVERSITY OF CHICAGO<br>5235 SOUTH HARPER COURT 4TH FLOOR<br>CHICAGO, IL 60615                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 400       |
| UNIVERSITY OF HOUSTON FOUNDATION<br>PO BOX 867<br>HOUSTON, TX 770010867                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| UNIVERSITY OF MEMPHIS FOUNDATION<br>PO BOX 1000 DEPT 238<br>MEMPHIS, TN 38148                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 125       |
| UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL<br>PO BOX 309<br>CHAPEL HILL, NC 27514                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| UNIVERSITY OF NOTRE DAME DU LAC<br>1100 GRACE HALL<br>NOTRE DAME, IN 465565612                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| UNIVERSITY OF TEXAS FOUNDATION<br>PO BOX 250<br>AUSTIN, TX 787670250                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| URSULINE ACADEMY OF NEW ORLEANS<br>2635 STATE STREET<br>NEW ORLEANS, LA 701186329                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| VOLUNTEERS IN PUBLIC SCHOOLS INC<br>4070 TUNICA ST<br>BATON ROUGE, LA 708055061                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 75        |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| WASHINGTON UNIVERSITY<br>CAMPUS BOX 1082 ONE BROOKINGS DRIVE<br>ST LOUIS, MO 631304899                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| WEST METRO CHURCH OF CHRIST<br>4550 HIRAM SUDIE RD<br>HIRAM, GA 301414168                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 480       |
| WHEAT RIDGE MINISTRIES<br>1 PIERCE PL STE 250E<br>ITASCA, IL 601432634                                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| WOMAN'S NEW LIFE CENTER<br>760 COLONIAL DRIVE<br>BATON ROUGE, LA 70806                                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| WOUNDED WARRIOR PROJECT INC<br>4899 BELFORT RD STE 300<br>JACKSONVILLE, FL 322566033                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 95        |
| YOUNG WOMENS CHRISTIAN ASSOCIATION OF PRINCETON NJ<br>PAUL ROBESON PLACE<br>PRINCETON, NJ 085400000      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| EPISCOPAL HIGH SCHOOL OF BATON ROUGE<br>3200 WOODLAND RIDGE BLVD<br>BATON ROUGE, LA 708162743            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| UNIVERSITY OF VIRGINIA DARDEN SCHOOL FOUNDATION<br>PO BOX 7263<br>CHARLOTTESVLE, VA 229067263            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 225       |
| UNIVERSITY OF VIRGINIA FOUNDATION<br>PO BOX 400218<br>CHARLOTTESVLE, VA 229044218                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 375       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                              |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                             |                                                                                                           |                                |                                  |           |
| UNIVERSITY OF VIRGINIA MCINTIRE<br>SCHOOL OF COMMERCE FOUNDATION<br>PO BOX 400173<br>CHARLOTTESVLE, VA 229044173 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 150       |
| VIRGINIA ATHLETICS FOUNDATION<br>P O BOX 400833<br>CHARLOTTESVILLE, VA 22904                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| YOUNG AMERICAS FOUNDATION<br>11480 COMMERCE PARK DR STE 600<br>RESTON, VA 201911556                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . . ▶ 3a</b>                                                                                      |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| WASHINGTON & LEE UNIVERSITY<br>204 W WASHINGTON ST<br>LEXINGTON, VA 244502116                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| AMERICAN HEART ASSOCIATION INC<br>2644 S SHERWOOD FOREST BLVD<br>SUITE<br>108<br>BATON ROUGE, LA 70816   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| AUBURN UNIVERSITY FOUNDATION<br>317 S COLLEGE ST<br>AUBURN, AL 368495149                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| BIBLE BROADCASTING NETWORK INCORPORATED<br>11530 CARMEL COMMONS BLVD<br>CHARLOTTE, NC 282263976          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| EPISCOPAL HIGH SCHOOL OF BATON ROUGE<br>3200 WOODLAND RIDGE BLVD<br>BATON ROUGE, LA 708162743            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| FAITH EVANGELICAL LUTHERAN CHURCH<br>1035 POLAND AVENUE<br>ALTOONA, PA 166019521                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| <b>Total . . . . .</b>                                                                                   |                                                                                                           |                                | <b>▶ 3a</b>                      | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| LEROY SPRINGS & COMPANY INC<br>P O BOX 1209<br>FT MILL, SC 291160000                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| ST ANDREWS UMC<br>1980 COLUMBIA ROAD<br>ORANGEBURG, SC 29115                                             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,500     |
| THE CULTURE PROJECT INTERNATIONAL<br>PO BOX 86<br>WYNNEWOOD, PA 190960086                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                       |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                      |                                                                                                           |                                |                                  |           |
| UNIVERSITY OF NEW HAVEN<br>300 BOSTON POST RD<br>WEST HAVEN, CT 065161916                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| YMCA OF THE CAPITAL AREA<br>350 S FOSTER DR<br>BATON ROUGE, LA 708064105                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,400     |
| ACTON INSTITUTE FOR THE STUDY OF RELIGION AND LIBERTY<br>90 E FULTON ST 101<br>GRAND RAPIDS, MI 495030000 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . . ▶ 3a</b>                                                                               |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| BATON ROUGE LITTLE THEATER (DBA THEATRE BATON ROUGE)<br>7155 FLORIDA BLVD<br>BATON ROUGE, LA 70806       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| COLONIAL WILLIAMSBURG FOUNDATION<br>PO BOX 1776<br>WILLIAMSBURG, VA 231871776                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| ST LOUIS UNIVERSITY HIGH SCHOOL<br>4970 OAKLAND AVENUE<br>SAINT LOUIS, MO 631101402                      | NONE                                                                                                      | PC                             | SCHOLARSHIP                      | 100       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| THOMAS JEFFERSON FOUNDATION INC<br>PO BOX 316<br>CHARLOTTESVLE, VA 229020316                             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| UNIVERSITY OF VIRGINIA DARDEN<br>SCHOOL FOUNDATION<br>PO BOX 7263<br>CHARLOTTESVLE, VA 229067263         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| UNIVERSITY OF VIRGINIA FOUNDATION<br>PO BOX 400218<br>CHARLOTTESVLE, VA 229044218                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 475       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                              |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                             |                                                                                                           |                                |                                  |           |
| UNIVERSITY OF VIRGINIA MCINTIRE<br>SCHOOL OF COMMERCE FOUNDATION<br>PO BOX 400173<br>CHARLOTTESVLE, VA 229044173 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 125       |
| UNITARIAN UNIVERSALIST SERVICE<br>COMMITTEE INC<br>689 MASSACHUSETTS AVE<br>CAMBRIDGE, MA 021393302              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| UNIVERSITY BAPTIST CHURCH<br>16106 MIDDLEBROOK DR<br>HOUSTON, TX 770596034                                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,200     |
| <b>Total . . . . . ▶ 3a</b>                                                                                      |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| WIKIMEDIA FOUNDATION INC<br>149 NEW MONTGOMERY ST FL 6<br>SAN FRANCISCO, CA 941053740                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| WIKIMEDIA FOUNDATION INC<br>PO BOX 98204<br>WASHINGTON, DC 20090                                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 52        |
| WORLD HARVEST CHURCH OF<br>KALAMAZOO INC<br>2775 S 26TH ST<br>KALAMAZOO, MI 490489610                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 520       |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                       |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                      |                                                                                                           |                                |                                  |           |
| ACTON INSTITUTE FOR THE STUDY OF RELIGION AND LIBERTY<br>90 E FULTON ST 101<br>GRAND RAPIDS, MI 495030000 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| AMERICAN CANCER SOCIETY INC<br>10528 KENTSHIRE COURT<br>BATON ROUGE, LA 70810                             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| AMERICAN CIVIL LIBERTIES UNION FOUNDATION<br>125 BROAD STREET<br>NEW YORK, NY 100042400                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| <b>Total . . . . . ▶ 3a</b>                                                                               |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| BATON ROUGE LITTLE THEATER (DBA THEATRE BATON ROUGE)<br>7155 FLORIDA BLVD<br>BATON ROUGE, LA 70806       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| BATON ROUGE RIGHT TO LIFE INC<br>PO BOX 86005<br>BATON ROUGE, LA 708796005                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| CATHOLIC HIGH SCHOOL<br>855 HEARTHSTONE DRIVE<br>BATON ROUGE, LA 708065512                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| CENTER FOR THE NEW ECONOMY INC<br>206 TETUAN ST1002 BANCO BLDG<br>SAN JUAN, PR 009020000                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| CENTRAL PENNSYLVANIA HUMANE SOCIETY<br>1837 E PL VALLEY BLVD<br>ALTOONA, PA 166027348                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 300       |
| CHILDRENS MIRACLE NETWORK HOSPITALS<br>205 W 700 S<br>SALT LAKE CITY, UT 84101                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| COLONIAL WILLIAMSBURG FOUNDATION<br>PO BOX 1776<br>WILLIAMSBURG, VA 231871776                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| COMPASSION INTERNATIONAL INCORPORATED<br>12290 VOYAGER PKWY<br>COLORADO SPGS, CO 809213668               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 949       |
| DELTA WATERFOWL FOUNDATION<br>1003 N JACKSON<br>MAGNOLIA, AR 71753                                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| EDUCATIONAL MEDIA FOUNDATION<br>5700 W OAKS BLVD<br>ROCKLIN, CA 957653719                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 240       |
| EMERSON COMMUNITY SERVICE ORGANIZATION<br>PO BOX 164<br>EMERSON, AR 717400164                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| EPISCOPAL HIGH SCHOOL<br>3200 WOODLAND RIDGE BLVD<br>BATON ROUGE, LA 708162743                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 650       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| FIRST UNITED METHODIST CHURCH-MAGNOLIA<br>320 WEST MAIN STREET<br>MAGNOLIA, AR 71753                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 550       |
| FISHER HOUSE FOUNDATION INC<br>111 ROCKVILLE PIKE STE 420<br>ROCKVILLE, MD 208505168                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| GLENHAVEN INC612 E OAK ST<br>GLENWOOD CITY, WI 540138520                                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| H & P ANIMAL ALLIANCEPO BOX 1526<br>MAGNOLIA, AR 717541526                                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| HABITAT FOR HUMANITY<br>INTERNATIONAL<br>121 HABITAT ST<br>AMERICUS, GA 317093423                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| LIONS OF ARKANSAS FOUNDATION INC<br>7430 N HILLS BLVD<br>NORTH LITTLE ROCK, AR 72116                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 450       |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| LITTLE SISTERS OF THE POOR IN RICHMOND<br>1503 MICHAELS RD<br>RICHMOND, VA 232294822                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,500     |
| LOAVES & FISHES INC<br>648 GRIFFITH RD STE B<br>CHARLOTTE, NC 282173573                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| LOUISIANA 4-H FOUNDATION - LIVINGSTON 4-H FOUNDATION<br>PO BOX 158<br>LIVINGSTON, LA 707540158           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                                                                  |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                                                                 |                                                                                                           |                                |                                  |           |
| LOUISIANA STATE UNIVERSITY<br>AGRICULTURAL & MECHANICAL<br>COLLEGE<br>MECHANICAL ENGINEERING 2508<br>PATRICK<br>TAYLOR HALL<br>BATON ROUGE, LA 70803 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| LSU FOUNDATION<br>3796 NICHOLSON DRIVE<br>BATON ROUGE, LA 70802                                                                                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| LSU FOUNDATION FOR THE BENEFIT OF<br>BURDEN HORTICULTURE SOCIETY<br>3796 NICHOLSON DRIVE<br>BATON ROUGE, LA 70802                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . . ▶ 3a</b>                                                                                                                          |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| MACALESTER COLLEGE<br>1600 GRAND AVE<br>SAINT PAUL, MN 551051801                                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| MAGNOLIA PUBLIC SCHOOLS<br>PO BOX 649<br>MAGNOLIA, AR 717540649                                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 300       |
| MAGNOLIA SCHOOL DISTRICT<br>PO BOX 649<br>MAGNOLIA, AR 717540649                                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 150       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| OKLAHOMA STATE UNIVERSITY FOUNDATION<br>PO BOX 1749<br>STILLWATER, OK 740761749                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| PARALYZED VETERANS OF AMERICA<br>801 EIGHTEENTH ST NW<br>WASHINGTON, DC 200063517                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| PILOTS FOR PATIENTS<br>3127 MERCEDES DR<br>MONROE, LA 712015153                                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| PRO PUBLICA INC<br>155 AVENUE OF THE AMERICAS 13TH FLOOR<br>NEW YORK, NY 100131549                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| PTA TEXAS CONGRESS<br>14000 WECKFORD BLVD<br>HOUSTON, TX 770446056                                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 150       |
| RUSSELL BRIAN GUSLOFF FOUNDATION<br>523 N MYRTLE AVE<br>ELMHURST, IL 601261843                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| SECOND HARVEST FOOD BANK OF METROLINA INC<br>500 SPRATT ST STE B<br>CHARLOTTE, NC 282063235              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 600       |
| SPECIAL OLYMPICS LOUISIANA INC<br>1000 E MORRIS AVE<br>HAMMOND, LA 704034456                             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| ST LOUIS UNIVERSITY HIGH SCHOOL<br>4970 OAKLAND AVE<br>SAINT LOUIS, MO 631101402                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 125       |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| ST MARTINS EPISCOPAL SCHOOL<br>225 GREEN ACRES RD<br>METAIRIE, LA 700032484                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| THE MILLER CENTER FOUNDATION<br>PO BOX 400406<br>CHARLOTTESVLE, VA 229044406                             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| THE SALVATION ARMY OF GREATER BATON ROUGE<br>PO BOX 15467<br>BATON ROUGE, LA 70895                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                               |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                              |                                                                                                           |                                |                                  |           |
| THOMAS JEFFERSON FOUNDATION INC<br>PO BOX 316<br>CHARLOTTESVLE, VA 229020316                                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| THRIVE FOUNDATION<br>2585 BRIGHTSIDE DRIVE<br>BATON ROUGE, LA 70820                                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA<br>2929 WALNUT STREET / SUITE 300 - GAAR<br>PHILADELPHIA, PA 191045099 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . . ▶ 3a</b>                                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                                            |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                                           |                                                                                                           |                                |                                  |           |
| UNCSA FOUNDATION<br>1533 SOUTH MAIN STREET<br>WINSTON SALEM, NC 27127                                                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| UNITED CEREBRAL PALSY<br>ASSOCIATION OF GREATER BATON<br>ROUGE INC DBA MCMAINS<br>1805 COLLEGE DR<br>BATON ROUGE, LA 708081919 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| UNITED SERVICE ORGANIZATIONS INC<br>2111 WILSON BLVD STE 1200<br>ARLINGTON, VA 222013052                                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . . ▶ 3a</b>                                                                                                    |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| UNIVERSITY BAPTIST CHURCH<br>5775 HIGHLAND RD<br>BATON ROUGE, LA 708086557                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 5,000     |
| UNIVERSITY OF ARKASAS FOUNDATION INC<br>535 RESEARCH CENTER BOULEVARD<br>FAYETTEVILLE, AR 727016922      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| UNIVERSITY OF VIRGINIA ALUMNI ASSOCIATION<br>211 EMMET ST S<br>CHARLOTTESVLE, VA 229032431               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                        |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                       |                                                                                                           |                                |                                  |           |
| ALL SAINTS CATHOLIC CHURCH<br>19795 HOLYOKE AVE<br>LAKEVILLE, MN 55044                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 141       |
| AMERICAN HEART ASSOCIATION INC<br>2644 S SHERWOOD FOREST BLVD<br>SUITE<br>108<br>BATON ROUGE, LA 70816     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 300       |
| AMERICAN RED CROSS LOUISIANA<br>CAPITAL AREA CHAPTER<br>4655 SHERWOOD COMMON BLVD<br>BATON ROUGE, LA 70816 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . . ▶ 3a</b>                                                                                |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| ATLAS (PENN STATE DANCE MARATHON)<br>PO BOX 963<br>STATE COLLEGE, PA 16804                               | NONE                                                                                                      | PC                             | SCHOLARSHIP                      | 50        |
| BAY AREA CHRISTIAN SCHOOL<br>4800 W MAIN STREET<br>LEAGUE CITY, TX 775731730                             | NONE                                                                                                      | PC                             | SCHOLARSHIP                      | 2,000     |
| BOY SCOUTS OF AMERICA<br>420 S CHURCH ST<br>SPARTANBURG, SC 293065232                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| COVENANT HOUSE5 PENN PLAZA<br>NEW YORK, NY 100011810                                                     | NONE                                                                                                      | PC                             | SCHOLARSHIP                      | 50        |
| GIVE HER WINGS INC<br>7931 S BROADWAY UNIT 150<br>LITTLETON, CO 801222710                                | NONE                                                                                                      | PC                             | SCHOLARSHIP                      | 250       |
| GREATER BATON ROUGE FOOD BANK<br>INC<br>PO BOX 45830<br>BATON ROUGE, LA 708954830                        | NONE                                                                                                      | PC                             | SCHOLARSHIP                      | 200       |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| KOBYS PROMISE INC4140 65TH ST<br>HOLLAND, MI 494239733                                                   | NONE                                                                                                      | PC                             | SCHOLARSHIP                      | 100       |
| LSU FOUNDATION<br>3796 NICHOLSON DRIVE<br>BATON ROUGE, LA 70802                                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 520       |
| MADISON HOUSE170 RUGBY RD<br>CHARLOTTESVLE, VA 229032428                                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| MILLIGAN COLLEGEPO BOX 750<br>MILLIGAN COLL, TN 376820750                                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 750       |
| N A A C P LEGAL DEFENSE AND<br>EDUCATIONAL FUND INC<br>40 RECTOR STREET 5TH FLOOR<br>NEW YORK, NY 10006  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 75        |
| NATURE CONSERVANCY<br>4245 NORTH FAIRFAX DRIVE<br>ARLINGTON, VA 222031637                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| OUR LADY OF THE LAKE FOUNDATION<br>5000 HENNESSY BLVD<br>BATON ROUGE, LA 708084375                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| PI KAPPA PHI FOUNDATION<br>PO BOX 240526<br>CHARLOTTE, NC 282240526                                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| REGENER8 OUTREACH MINISTRY<br>2048 N JACKSON<br>MAGNOLIA, AR 717532056                                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,902     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| RONALD MCDONALD HOUSE OF ROCHESTER MN INC<br>850 2ND ST SW<br>ROCHESTER, MN 559022938                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| SECOND HARVEST FOOD BANK OF METROLINA INC<br>500 SPRATT ST STE B<br>CHARLOTTE, NC 282063235              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 750       |
| SHRINERS HOSPITALS FOR CHILDREN<br>PO BOX 441324<br>HOUSTON, TX 77244                                    | NONE                                                                                                      | PC                             | SCHOLARSHIP                      | 50        |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| SOCIETY OF ST VINCENT DE PAUL<br>P O BOX 127<br>BATON ROUGE, LA 70821                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 750       |
| SOUTH HAVEN COMMUNITY FOUNDATION<br>228 BROADWAY ST<br>SOUTH HAVEN, MI 490901472                         | NONE                                                                                                      | PC                             | SCHOLARSHIP                      | 100       |
| ST LABRE INDIAN SCHOOLPO BOX 216<br>ASHLAND, MT 59003                                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,050     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| ST PATRICK ROMAN CATHOLIC CHURCH<br>12424 BROGDON LN<br>BATON ROUGE, LA 70816                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,190     |
| SUSAN G KOMEN 3-DAY<br>55 E JACKSON BLVD SUITE 1010<br>CHICAGO, IL 60604                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 55        |
| TRIUMPH OVER KID CANCER<br>FOUNDATION<br>723 COLEMAN AVE<br>CORP CHRISTI, TX 784013414                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,000     |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                               |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                              |                                                                                                           |                                |                                  |           |
| UNITED STATES HOLOCAUST MEMORIAL COUNCIL<br>100 RAOUL WALLENBERG PL SW<br>WASHINGTON, DC 200242126                | NONE                                                                                                      | PC                             | SCHOLARSHIP                      | 50        |
| UNIVERSITY OF TEXAS FOUNDATION - MD ANDERSON CANCER CENTER - UNIVERSITY MAT<br>PO BOX 250<br>AUSTIN, TX 787670250 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| WORLD VISION<br>34834 WEYERHAEUSER WAY SOUTH PO BOX<br>9716<br>FEDERAL WAY, WA 980639716                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,848     |
| <b>Total . . . . . ▶ 3a</b>                                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| AMERICAN HEART ASSOCIATION INC<br>7272 GREENVILLE AVE<br>DALLAS, TX 752315129                            | NONE                                                                                                      | PC                             | SCHOLARSHIP                      | 50        |
| ARTS COUNCIL OF PRINCETON<br>102 WITHERSPOON ST<br>PRINCETON, NJ 085423204                               | NONE                                                                                                      | PC                             | SCHOLARSHIP                      | 50        |
| BIBLE BROADCASTING NETWORK<br>INCORPORATED<br>11530 CARMEL COMMONS BLVD<br>CHARLOTTE, NC 282263976       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| CHILDRENS MIRACLE NETWORK<br>HOSPITALS<br>205 W 700 S<br>SALT LAKE CITY, UT 84101                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| CLEMSON UNIVERSITY FOUNDATION<br>PO BOX 1889<br>CLEMSON, SC 296331889                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,780     |
| CLIMATE RIDE INC<br>111 N HIGGINS AVE SUITE 415<br>MISSOULA, MT 598024222                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| COLLEGE VIEW BAPTIST CHURCH<br>2121 N WASHINGTON STREET<br>MAGNOLIA, AR 71753                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 760       |
| FIRST BAPTIST CHURCH OF HOUSTON<br>7401 KATY FWY<br>HOUSTON, TX 770242101                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| FRIENDS OF LOUISIANA PUBLIC BROADCASTING INC<br>7733 PERKINS RD<br>BATON ROUGE, LA 708101009             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 60        |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| HISTORICAL SOCIETY OF PRINCETON<br>NEW JERSEY<br>354 QUAKER ROAD<br>PRINCETON, NJ 08540                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| HOPE COLLEGE141 E 12TH ST<br>HOLLAND, MI 494233607                                                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| KANWAHA VALLEY FRIENDS OF OLD-TIME MUSIC AND DANCE<br>PO BOX 1684<br>CHARLESTON, WV 253261684            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| LSU FOUNDATION<br>3796 NICHOLSON DRIVE<br>BATON ROUGE, LA 70802                                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 150       |
| OUR LADY OF MERCY CATHOLIC CHURCH<br>445 MARQUETTE AVENUE<br>BATON ROUGE, LA 70806                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 525       |
| PRINCETON PUBLIC LIBRARY FOUNDATION<br>65 WITHERSPOON ST<br>PRINCETON, NJ 085423214                      | NONE                                                                                                      | PC                             | SCHOLARSHIP                      | 50        |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| PRINCETON SENIOR RESOURCE CENTER<br>45 STOCKTON ST<br>PRINCETON, NJ 085406812                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| RHODE ISLAND SCHOOL OF DESIGN<br>2 COLLEGE ST<br>PROVIDENCE, RI 029032717                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| ST ELIZABETH FOUNDATION<br>8054 SUMMA AVE STE A<br>BATON ROUGE, LA 708093413                             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| <b>Total . . . . .</b> ▶ <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| UNITY CHURCH MAGNOLIAPO BOX 827<br>MAGNOLIA, AR 71754                                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| PI KAPPA PHI FOUNDATION<br>PO BOX 240526<br>CHARLOTTE, NC 282240526                                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| KNIGHTS OF COLUMBUS CHARITIES<br>INC<br>ONE COLUMBUS PLAZA<br>NEW HAVEN, CT 065103326                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,050     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| WESTOVER SCHOOL INC<br>1237 WHITTEMORE RD<br>MIDDLEBURY, CT 067622426                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| ALL SAINTS CATHOLIC SCHOOL<br>19795 HOLYOKE AVENUE<br>LAKEVILLE, MN 550448816                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 768       |
| COVENANT HOUSE5 PENN PLAZA<br>NEW YORK, NY 100011810                                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| AMERICAN CANCER SOCIETY INC<br>10528 KENTSHIRE COURT<br>BATON ROUGE, LA 70810                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| CHRISTIAN HEALTH SERVICE CORPS<br>201 PRIVATE ROAD 5819<br>GRAND SALINE, TX 751403037                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 400       |
| COLUMBIA COUNTY SENIOR MEAL SERVICES INC<br>PO BOX 476<br>MAGNOLIA, AR 717540476                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| COMPANION ANIMAL ALLIANCE<br>2680 PROGRESS ROAD<br>BATON ROUGE, LA 70807                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| FEED THE CHILDREN INC<br>333 N MERIDIAN AVE<br>OKLAHOMA CITY, OK 731076507                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 288       |
| JEFFERSON BAPTIST CHURCH<br>9135 JEFFERSON HWY<br>BATON ROUGE, LA 708092440                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,744     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                               |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                              |                                                                                                           |                                |                                  |           |
| LUTHERAN EDUCATION ASSOCIATION OF HOUSTON<br>718 FM 1959 STE B<br>HOUSTON, TX 77034                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| MISSOURI UNIVERSITY OF SCIENCE & TECHNOLOGY<br>1201 N STATE ST 112 CAMPUS SUPPORT FACILITY<br>ROLLA, MO 654091320 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| PLANNED PARENTHOOD FEDERATION OF AMERICA INC<br>123 WILLIAMS STREET 10TH FL<br>NEW YORK, NY 10038                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| SNOWDROP FOUNDATION INC<br>7155 OLD KATY RD STE N270<br>HOUSTON, TX 770242284                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 150       |
| WOUND WARRIOR PROJECT INC<br>4899 BELFORT RD STE 300<br>JACKSONVILLE, FL 32256                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| BATON ROUGE CHINESE SCHOOL<br>213 HIGHLAND TRACE<br>BATON ROUGE, LA 70810                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 120       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| CAT HAVEN INC<br>11130 N HARRELLS FERRY RD<br>BATON ROUGE, LA 708168307                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| CLEMSON UNIVERSITY FOUNDATION<br>PO BOX 1889<br>CLEMSON, SC 296331889                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| COLLEGE VIEW BAPTIST CHURCH<br>2121 N WASHINGTON STREET<br>MAGNOLIA, AR 71753                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 573       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| FIRST BAPTIST CHURCH OF HOUSTON<br>7401 KATY FWY<br>HOUSTON, TX 770242101                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| GATEWAY REGION YOUNG MENS<br>CHRISTIAN ASSOCIATION<br>326 SOUTH 21ST ST<br>ST LOUIS, MO 631032267        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| GREATER BATON ROUGE FOOD BANK<br>INC<br>PO BOX 45830<br>BATON ROUGE, LA 708954830                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| ISTROUMA AREA COUNCIL<br>9644 BROOKLINE AVE<br>BATON ROUGE, LA 708091432                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| MAGNOLIA PANTHER BASEBALL INC<br>115 DEER CROSSING<br>MAGNOLIA, AR 71753                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 150       |
| MAGNOLIA SPECIALIZED SERVICES INC<br>PO BOX 595<br>MAGNOLIA, AR 717540595                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 80        |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                           |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                          |                                                                                                           |                                |                                  |           |
| MAKE-A-WISH FOUNDATION OF CENTRAL AND WESTERN NORTH CAROLINA INC<br>1131 HARDING PLACE<br>CHARLOTTE, NC 28204 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| MISSISSIPPI STATE UNIVERSITY FOUNDATION INC<br>PO BOX 6149<br>MS STATE UNIV, MS 397626149                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| NAMI MERCER NJ INC<br>1235 WHITEHORSE MERCERVILLE RD<br>LAWRENCEVILLE, NJ 086481305                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 310       |
| <b>Total . . . . . ▶ 3a</b>                                                                                   |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| ST JOSEPHS ACADEMY<br>3015 BROUSSARD STREET<br>BATON ROUGE, LA 708081120                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| UNIVERSITY OF VIRGINIA LAW SCHOOL<br>FOUNDATION<br>580 MASSIE RD<br>CHARLOTTESVLE, VA 229031738          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| WEST VIRGINIA SYMPHONY<br>ORCHESTRA FOUNDATION INC<br>PO BOX 2292<br>CHARLESTON, WV 253282292            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| WILLIAMS TEMPLE CHURCH OF GOD IN CHRIST INC<br>2524 DELANO ST<br>HOUSTON, TX 770041638                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| YOUNG MENS CHRISTIAN ASSOCIATION<br>350 S FOSTER DR<br>BATON ROUGE, LA 708064105                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| FATHER FLANAGANS BOYS HOME<br>14086 MOTHER THERESA LN<br>BOYS TOWN, NE 680107552                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| FINANCIAL EXECUTIVES NETWORKING GROUP INC<br>32 GRAYS FARM RD<br>WESTON, CT 068833003                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| GREERS CHAPEL UMC800 COLUMBIA 47 MAGNOLIA, AR 71753                                                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| HEIFER PROJECT INTERNATIONAL<br>1 WORLD AVE<br>LITTLE ROCK, AR 72202                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 60        |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                       |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                      |                                                                                                           |                                |                                  |           |
| ST JUDE CHILDRENS RESEARCH HOSPITAL INC<br>501 ST JUDE PLACE ATTN MATCHING GIFTS<br>MEMPHIS, TN 381053678 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| ST JUDE RESEARCH HOSPITAL<br>262 DANNY THOMAS PL MSC 512<br>MEMPHIS, TN 381053678                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 300       |
| TRINITY HIGH SCHOOL<br>7574 DIVISION ST<br>RIVER FOREST, IL 603051153                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| <b>Total . . . . . ▶ 3a</b>                                                                               |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                                                |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                                               |                                                                                                           |                                |                                  |           |
| URANTIA FOUNDATION<br>533 W DIVERSEY PKWY<br>CHICAGO, IL 606141643                                                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| ALL PLAY TOGETHER<br>802 COOL WATER CT<br>FORT MILL, SC 297157082                                                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| BATON ROUGE SPEECH AND HEARING<br>FOUNDATION INC (THE EMERGE<br>CENTER)<br>7784 INNOVATION PARK DRIVE<br>BATON ROUGE, LA 708207006 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| <b>Total . . . . . ▶ 3a</b>                                                                                                        |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| CENTRAL BAPTIST CHURCH<br>207 W UNION<br>MAGNOLIA, AR 717532833                                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,050     |
| CHILDRENS JOURNEY INC<br>510 GRAND FIR LANE<br>RICHMOND, TX 77469                                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| ETV ENDOWMENT OF SOUTH CAROLINA INC<br>401 EAST KENNEDY STREET SUITE B-1<br>SPARTANBURG, SC 293021970    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| GEORGIA TECH ALUMNI ASSOCIATION INC<br>190 NORTH AVE NW<br>ATLANTA, GA 303132550                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| GROUNDS FOR SCULPTURE INC<br>80 SCULPTORS WAY<br>HAMILTON, NJ 086193447                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 70        |
| LIONS OF ARKANSAS FOUNDATION INC<br>7430 N HILLS BLVD<br>NORTH LITTLE ROCK, AR 72116                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| LOWCOUNTRY FOOD BANK INC<br>2864 AZALEA DR<br>CHARLESTON, SC 294058216                                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| MAKE-A-WISH FOUNDATION OF MICHIGAN<br>7600 GRAND RIVER AVE SUITE 175<br>BRIGHTON, MI 48114               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| NEW YORK ROAD RUNNERS INC<br>156 WEST 56TH ST<br>NEW YORK, NY 100193800                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| REGIONAL MEDICAL CENTER<br>FOUNDATION<br>3000 SAINT MATTHEWS RD<br>ORANGEBURG, SC 291181442              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| SOUTHSIDE YMCA8482 PERKINS ROAD<br>BATON ROUGE, LA 70810                                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| ST LABRE INDIAN SCHOOLPO BOX 216<br>ASHLAND, MT 59003                                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| STAR OF HOPE MISSION<br>4848 LOOP CENTRAL DRIVE SUITE 500<br>HOUSTON, TX 77081                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| THE CULTURE PROJECT INTERNATIONAL<br>PO BOX 86<br>WYNNEWOOD, PA 190960086                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| TRINITY LUTHERAN CHURCH<br>10925 FLORIDA BLVD<br>BATON ROUGE, LA 708152009                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,200     |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| WORLD HARVEST CHURCH OF KALAMAZOO INC<br>2775 S 26TH ST<br>KALAMAZOO, MI 490489610                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 350       |
| YOUNG MENS CHRISTIAN ASSOC OF BATON ROUGE<br>8100 YMCA PLAZA DRIVE<br>BATON ROUGE, LA 70810              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| UNITED METHODIST HOME FOR CHILDREN INCORPORATED<br>5120 SIMPSON FERRY RD<br>MECHANICSBURG, PA 170503627  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| SYLVIAS PLACEPO BOX 13<br>ALLEGAN, MI 490100013                                                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| ST PAUL LUTHERAN SCHOOL<br>608 E COLUMBIA STREET<br>FARMINGTON, MO 636401310                             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| SOUTH CAROLINA STATE UNIVERSITY<br>FOUNDATION INC<br>PO BOX 7187<br>ORANGEBURG, SC 291170001             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 75        |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| SAMARITANS PURSEPO BOX 3000<br>BOONE, NC 286073000                                                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| OLANCHO AID FOUNDATION INC<br>PO BOX 15<br>ROCKLAND, MA 023700015                                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| NORTH SHORE ROTARY CLUB<br>CHARITABLE FOUNDATION INC<br>PO BOX 9635<br>HOUSTON, TX 772130635             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| NATIONAL MULTIPLE SCLEROSIS SOCIETY<br>PO BOX 4125<br>HOUSTON, TX 77210                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| MUSIC CLUB OF BATON ROUGE LOUISIANA<br>18824 SANTA MARIA PKWY<br>BATON ROUGE, LA 70809                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 350       |
| LUTHERAN SOUTH ACADEMY<br>12555 RYEWATER DRIVE<br>HOUSTON, TX 770896625                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| LUPUS FOUNDATION OF ARKANSAS INC<br>220 MOCKINGBIRD ST<br>HOT SPRINGS, AR 719137227                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| GRACE LUTHERAN CHURCHPO BOX 715<br>MENARD, TX 768590715                                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| FRIENDS OF THE EVELYN M MEADOR<br>COMMUNITY LIBRARY<br>PO BOX 684<br>SEABROOK, TX 775860684              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| COMMUNITY SCHOOL OF DAVIDSON INC<br>404 ARMOUR STREET<br>DAVIDSON, NC 28036                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| CITY YEAR BATON ROUGE<br>111 NORTH THIRD STREET<br>BATON ROUGE, LA 70801                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| CHRISTIAN HEALTH SERVICE CORPS<br>201 PRIVATE ROAD 5819<br>GRAND SALINE, TX 751403037                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,300     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| CHILDRENS JOURNEY INC<br>510 GRAND FIR LANE<br>RICHMOND, TX 77469                                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| BIBLE BROADCASTING NETWORK INCORPORATED<br>11530 CARMEL COMMONS BLVD<br>CHARLOTTE, NC 282263976          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| BATON ROUGE CHINESE SCHOOL<br>213 HIGHLAND TRACE<br>BATON ROUGE, LA 70810                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 360       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                         |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                        |                                                                                                           |                                |                                  |           |
| ASSOCIATION OF FORMER STUDENTS OF TEXAS A & M UNIVERSITY<br>505 GEORGE BUSH DR<br>COLLEGE STA, TX 778402918 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| AMERICAN HEART ASSOCIATION INC<br>7272 GREENVILLE AVE<br>DALLAS, TX 752315129                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 175       |
| AMERICAN HEART ASSOCIATION INC<br>PO BOX 954<br>WILTON, NH 03086                                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . . ▶ 3a</b>                                                                                 |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| HINDU VEDIC SOCIETY OF BATON ROUGE<br>PO BOX 80067<br>BATON ROUGE, LA 70898                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 980       |
| HUMANE SOCIETY OF LOUISIANA INC<br>PO BOX 740321<br>NEW ORLEANS, LA 701740321                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| JUNTOS Y UNIDOS POR PUERTO RICO INC<br>PO BOX 9146<br>SAN JUAN, PR 009080146                             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| SOUTH ARKANSAS SYMPHONY SOCIETY<br>100 W CEDAR ST STE A<br>EL DORADO, AR 717305876                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| UNIVERSITY OF SOUTHERN MISSISSIPPI ATHLETIC FOUNDATION<br>PO BOX 15458<br>HATTIESBURG, MS 394040002      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 750       |
| THE ELM1351 LOGAN AVENUE<br>TYRONE, PA 16686                                                             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| FINCA INTERNATIONAL INC<br>1201 15TH NW 8TH FLOOR<br>WASHINGTON, DC 20005                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 450       |
| COLONNADE CLUB OF THE UNIVERSITY OF VIRGINIA<br>PAVILION VII WEST LAWN<br>CHARLOTTESVILLE, VA 229030000  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| ALEXANDRIA COUNTRY DAY SCHOOL INC<br>2400 RUSSELL RD<br>ALEXANDRIA, VA 223011536                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| FRONT YARD BIKES413 STEELE BLVD<br>BATON ROUGE, LA 70806                                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 150       |
| THE UNIVERSITY OF TEXAS<br>FOUNDATION<br>PO BOX 250<br>AUSTIN, TX 787670250                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 198       |
| UNIVERSITY OF SOUTHERN<br>MISSISSIPPI FOUNDATION<br>118 COLLEGE DR 10026<br>HATTIESBURG, MS 394060001    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| AMERICAN HEART ASSOCIATION INC<br>2644 S SHERWOOD FOREST BLVD<br>SUITE<br>108<br>BATON ROUGE, LA 70816   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 125       |
| COLLEGE VIEW BAPTIST CHURCH<br>2121 N WASHINGTON<br>MAGNOLIA, AR 71753                                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,167     |
| COLLEGIATE SCHOOL<br>103 N MOORELAND RD<br>RICHMOND, VA 232297709                                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> Paid during the year                                                                            |                                                                                                           |                                |                                  |           |
| CONNECTICUT BREAST HEALTH INITIATIVE INC<br>185 MAIN ST<br>NEW BRITAIN, CT 06051                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| FINCA INTERNATIONAL INC<br>1201 15TH NW 8TH FLOOR<br>WASHINGTON, DC 20005                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| FRONT YARD BIKES413 STEELE BLVD<br>BATON ROUGE, LA 70806                                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| GEORGIA TECH ALUMNI ASSOCIATION INC<br>190 NORTH AVE NW<br>ATLANTA, GA 303132550                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 600       |
| LOOZIANA BASSET RESCUE INC<br>165 E OAKRIDGE PARK<br>METAIRIE, LA 700054018                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| MAGNOLIA SCHOOL DISTRICT<br>PO BOX 649<br>MAGNOLIA, AR 717540649                                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 60        |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                       |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                      |                                                                                                           |                                |                                  |           |
| PARACLETE MISSION GROUP INC<br>PO BOX 63450<br>COLORADO SPRINGS, CO 809623450                             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| PRINCETON GARDEN THEATRE LLC<br>160 NASSAU ST<br>PRINCETON, NJ 08542                                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| ST JUDE CHILDRENS RESEARCH HOSPITAL INC<br>501 ST JUDE PLACE ATTN MATCHING GIFTS<br>MEMPHIS, TN 381053678 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 300       |
| <b>Total . . . . . ▶ 3a</b>                                                                               |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                                            |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                                           |                                                                                                           |                                |                                  |           |
| THE SALVATION ARMY<br>813 NOTTINGHAM STREET<br>ORANGEBURG, SC 29115                                                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| UNITED CEREBRAL PALSY<br>ASSOCIATION OF GREATER BATON<br>ROUGE INC DBA MCMAINS<br>1805 COLLEGE DR<br>BATON ROUGE, LA 708081919 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| UNIVERSITY OF SOUTHERN<br>MISSISSIPPI FOUNDATION<br>118 COLLEGE DR 10026<br>HATTIESBURG, MS 394060001                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| <b>Total . . . . . ▶ 3a</b>                                                                                                    |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| VIRGINIA TECH FOUNDATION INC<br>902 PRICES FORK RD STE 4400<br>BLACKSBURG, VA 240606811                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| WCCA INCPO BOX 977<br>WOODVILLE, MS 396690977                                                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,250     |
| YUBA-SUTTER GLEANERS FOOD BANK INC<br>760 STAFFORD WAY<br>YUBA CITY, CA 959913701                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 150       |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| ZION LUTHERAN CHURCH<br>5050 E SAM HOUSTON PKWY S<br>PASADENA, TX 775053951                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| LOUISIANA AMERICANA AND FOLK SOCIETY<br>8631 RAINWOOD AVE<br>BATON ROUGE, LA 708102918                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| AMERICAN HEART ASSOCIATION<br>10 GLENLAKE PARKWAY SUITE 400 S TOWER<br>ATLANTA, GA 30328                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 300       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                         |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                        |                                                                                                           |                                |                                  |           |
| BEST FRIENDS ANIMAL SOCIETY<br>5001 ANGEL CANYON RD<br>KANAB, UT 847415000                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| CHILDRENS CANCER RESEARCH FUND<br>7301 OHMS LN STE 355<br>MINNEAPOLIS, MN 554392336                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| HABITAT FOR HUMANITY OF GREATER BATON ROUGE INC<br>6554 FLORIDA BLVD SUITE 200<br>BATON ROUGE, LA 708064474 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 150       |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                          |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| HUMANE SOCIETY OF CHARLOTTE INC<br>2700 TOOMEY AVE<br>CHARLOTTE, NC 282035556                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| MATTAWAN BAND BOOSTERS INC<br>PO BOX 27<br>MATTAWAN, MI 490710027                                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 170       |
| SERAPHIC MASS ASSOCIATION INC<br>5217 BUTLER STREET STE 100<br>PITTSBURGH, PA 152012657                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| THE LIFE OF A SINGLE MOM<br>11613 NEWCASTLE AVENUE SUITE A<br>BATON ROUGE, LA 70816                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| AMERICAN HEART ASSOCIATION INC<br>10060 BUFFALO SPEEDWAY HW BOX<br>HOUSTON<br>HOUSTON, TX 77054          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 60        |
| ARKANSAS CHILDRENS HOSPITAL<br>FOUNDATION INC<br>1 CHILDRENS WAY SLOT 663<br>LITTLE ROCK, AR 722023500   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| BAPTIST GLOBAL RESPONSE INC<br>402 BNA DR STE 411<br>NASHVILLE, TN 372172546                             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| BEST FRIENDS ANIMAL SOCIETY<br>5001 ANGEL CANYON RD<br>KANAB, UT 847415000                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| BIBLE BROADCASTING NETWORK<br>INCORPORATED<br>11530 CARMEL COMMONS BLVD<br>CHARLOTTE, NC 282263976       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| CANCER SERVICES OF GREATER BATON ROUGE<br>550 LOBDELL AVE<br>BATON ROUGE, LA 708066316                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| CARIBBEAN RESOURCE MINISTRIES<br>PO BOX 51<br>BRANDON, MS 390430051                                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 5,000     |
| CONCORDIA UNIVERSITY NEBRASKA<br>800 N COLUMBIA AVE<br>SEWARD, NE 684341500                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE INC - CARE<br>151 ELLIS ST NE<br>ATLANTA, GA 303032420  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| DE SOTO AREA COUNCIL BOY SCOUTS OF AMERICA INC<br>118 WEST PEACH STREET<br>EL DORADO, AR 71730           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,500     |
| DESIGN BUILD WORKSHOP<br>112 SAINT GEORGE PL<br>SAINT LOUIS, MO 631194746                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| DYNAMIC CATHOLIC INSTITUTE<br>5081 OLYMPIC BLVD<br>ERLANGER, KY 41018                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 150       |
| GIDEONS INTERNATIONAL<br>50 CENTURY BLVD<br>NASHVILLE, TN 372143672                                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| GREATER BATON ROUGE FOOD BANK INC<br>PO BOX 45830<br>BATON ROUGE, LA 708954830                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| GUILFORD COLLEGE<br>5800 W FRIENDLY AVE<br>GREENSBORO, NC 274104108                                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| HANDS OF LOVE DEVELOPMENT<br>CENTER INC<br>20214 STONE RD<br>HEBRON, IN 463419306                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 60        |
| HEALING SPECIES INC496 FARNUM RD<br>ORANGEBURG, SC 291189228                                             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| LOUISIANA TECH UNIVERSITY<br>FOUNDATION<br>PO BOX 3183<br>RUSTON, LA 71272                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,000     |
| SILAMBAM HOUSTON<br>3201 ALLEN PKWY STE 150<br>HOUSTON, TX 770191800                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| ST JOSEPHS ACADEMY<br>3015 BROUSSARD STREET<br>BATON ROUGE, LA 708081120                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                       |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                      |                                                                                                           |                                |                                  |           |
| ST JUDE CHILDRENS RESEARCH HOSPITAL INC<br>501 ST JUDE PLACE ATTN MATCHING GIFTS<br>MEMPHIS, TN 381053678 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 800       |
| ST LUKES EPISCOPAL CHURCH<br>8833 GOODWOOD BLVD<br>BATON ROUGE, LA 708067919                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| ST PATRICK ROMAN CATHOLIC CHURCH<br>12424 BROGDON LN<br>BATON ROUGE, LA 70816                             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| <b>Total . . . . . ▶ 3a</b>                                                                               |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| ST ANDREWS UNITED METHODIST CHURCH<br>17510 MONITOR AVE<br>BATON ROUGE, LA 70817                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| TAKE A CHANCE ANIMAL RESCUE ORGANIZATION<br>601 BONNABEL BLVD<br>METAIRIE, LA 700052605                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| THE CULTURE PROJECT INTERNATIONAL<br>PO BOX 86<br>WYNNEWOOD, PA 190960086                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| THE PIT STOP RESCUE<br>5428 TUSCANY LN<br>SORRENTO, LA 707783435                                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| TUNNEL TO TOWERS FOUNDATION<br>2361 HYLAN BLVD<br>STATEN ISLAND, NY 103063100                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| UNITED WAY OF CENTRAL CAROLINAS INC<br>301 S BREVARD ST<br>CHARLOTTE, NC 282022317                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| UNITY CHURCH MAGNOLIAPO BOX 827<br>MAGNOLIA, AR 71754                                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| ALZHEIMERS SERVICES OF THE CAPITAL AREA<br>3772 NORTH BLVD<br>BATON ROUGE, LA 708063822                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| CYSTIC FIBROSIS FOUNDATION<br>4550 MONTGOMERY AVE<br>BETHESDA, MD 20814                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,000     |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| EPISCOPAL HIGH SCHOOL<br>3200 WOODLAND RIDGE BLVD<br>BATON ROUGE, LA 708162743                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| EXODUS CHURCHPO BOX 126<br>BELMONT, NC 280120126                                                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 205       |
| FORSYTH COUNTRY DAY SCHOOL<br>PO BOX 549<br>LEWISVILLE, NC 270230549                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> Paid during the year                                                                            |                                                                                                           |                                |                                  |           |
| LEARNING THROUGH THE ARTS<br>4501 N HWY 7 SUITE 8 315<br>HOT SPRINGS VILLAGE, AR 719099799               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| LEUKEMIA & LYMPHOMA SOCIETY INC<br>3 INTERNATIONAL DRIVE SUITE 200<br>RYE BROOK, NY 10573                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| LOUISIANA ART AND SCIENCE MUSEUM<br>100 RIVER ROAD SOUTH<br>BATON ROUGE, LA 70802                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 180       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| NC STUDENT AID ASSOCIATION INC<br>PO BOX 37100<br>RALEIGH, NC 276277100                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| PURPLE FEET FOUNDATION INC<br>1236 SUMMIT WAY<br>MECHANICSBURG, PA 170505269                             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| SAFE IN HIS ARMS<br>571 DUNCAN STATION DR<br>DUNCAN, SC 293348947                                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,095     |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| SAINT LOUIS SYMPHONY ORCHESTRA<br>718 N GRAND BLVD<br>SAINT LOUIS, MO 631031011                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| SAMARITANS PURSEPO BOX 3000<br>BOONE, NC 286073000                                                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| SOUTHWESTERN DIABETIC FOUNDATION INC<br>PO BOX 918<br>GAINESVILLE, TX 762410918                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,800     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| ST VINCENT DEPAUL COMMUNITY PHARMACY INC<br>PO BOX 127<br>BATON ROUGE, LA 708210127                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| ST LOUIS AREA FOODBANK<br>70 CORPORATE WOODS DRIVE<br>BRIDGETON, MO 630443806                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| UNIVERSITY OF ARKASAS FOUNDATION INC<br>535 RESEARCH CENTER BOULEVARD<br>FAYETTEVILLE, AR 727016922      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| VMI FOUNDATION<br>PO BOX 932<br>LEXINGTON, VA 24450                                                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| YMCA OF THE CAPITAL AREA<br>350 S FOSTER DR<br>BATON ROUGE, LA 708064105                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| I AM THAT GIRL<br>1112 MONTANA AVENUE SUITE 3 365<br>SANTA MONICA, CA 902916035                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                              |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                             |                                                                                                           |                                |                                  |           |
| ALZHEIMERS DISEASE AND RELATED DISORDERS ASSOCIATION INC<br>225 N MICHIGAN AVE STE 1700<br>CHICAGO, IL 606017652 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| PROJECT TRANSFORMATION NORTH TEXAS<br>4024 CARUTH BLVD<br>DALLAS, TX 752255403                                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| ST LOUIS REGIONAL PUBLIC MEDIA INC<br>3655 OLIVE ST<br>SAINT LOUIS, MO 631083601                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . . ▶ 3a</b>                                                                                      |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                               |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                              |                                                                                                           |                                |                                  |           |
| ADULT LITERACY ADVOCATES OF GREATER BATON ROUGE INC<br>7732 GOODWOOD BOULEVARD SUITE 111<br>BATON ROUGE, LA 70806 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 300       |
| ADVENTURES IN MISSIONS INC<br>6000 WELLSRING TRL<br>GAINESVILLE, GA 305062986                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 125       |
| AIR FORCE AID SOCIETY INC<br>241 18TH ST SOUTH<br>ARLINGTON, VA 222023405                                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . . ▶ 3a</b>                                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                              |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                             |                                                                                                           |                                |                                  |           |
| ALZHEIMERS DISEASE AND RELATED DISORDERS ASSOCIATION INC<br>225 N MICHIGAN AVE STE 1700<br>CHICAGO, IL 606017652 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| ARTS COUNCIL OF POINTE COUPEE<br>PO BOX 669<br>NEW ROADS, LA 707600669                                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| BIBLE BROADCASTING NETWORK INCORPORATED<br>11530 CARMEL COMMONS BLVD<br>CHARLOTTE, NC 282263976                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . . ▶ 3a</b>                                                                                      |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| COLUMBIA COUNTY COMMUNITY FOUNDATION<br>116 SOUTH WASHINGTON<br>MAGNOLIA, AR 71753                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| FORT MILL HISTORY MUSEUM INC<br>107 CLEBOURNE ST<br>FORT MILL, SC 297151742                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 220       |
| GUIDING EYES FOR THE BLIND INC<br>611 GRANITE SPRINGS RD<br>YORKTOWN HTS, NY 105983411                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 150       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| LSU HEALTH SCIENCES FOUNDATION<br>IN SHREVEPORT<br>920 PIERREMONT ROAD SUITE 506<br>SHREVEPORT, LA 71106 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 262       |
| MICHIGAN MARITIME MUSEUM<br>260 DYCKMAN AVE<br>SOUTH HAVEN, MI 490901065                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| PROJECT TRANSFORMATION NORTH TEXAS<br>4024 CARUTH BLVD<br>DALLAS, TX 752255403                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 600       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                             |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                            |                                                                                                           |                                |                                  |           |
| RYLEE LOU CHARITY765 WOODLEA DR<br>OTSEGO, MI 490789798                                                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 750       |
| ST CATHERINE UNIVERSITY<br>2004 RANDOLPH AVE MAIL F-12<br>SAINT PAUL, MN 551051750                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 600       |
| ST JUDE CHILDRENS RESEARCH<br>HOSPITAL INC<br>501 ST JUDE PLACE ATTN MATCHING<br>GIFTS<br>MEMPHIS, TN 381053678 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 800       |
| <b>Total . . . . . ▶ 3a</b>                                                                                     |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| ST ANDREWS UMC<br>1980 COLUMBIA ROAD<br>ORANGEBURG, SC 29115                                             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 300       |
| ST ANDREWS UNITED METHODIST CHURCH<br>17510 MONITOR AVE<br>BATON ROUGE, LA 70817                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| THE EMERGE CENTER<br>7784 INNOVATION PARK DR<br>BATON ROUGE, LA 70820                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| THE SALVATION ARMY OF GREATER BATON ROUGE<br>PO BOX 15467<br>BATON ROUGE, LA 70895                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| TROOP 28 - BOY SCOUTS OF AMERICA<br>336 OLD NC 277 LOOP ROAD<br>DALLAS, NC 28034                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,050     |
| TRUSTEES OF THE HAMLINE UNIVERSITY OF MINNESOTA<br>1536 HEWITT AVE<br>ST PAUL, MN 551041284              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,250     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                              |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                             |                                                                                                           |                                |                                  |           |
| YOUNG LIFEPO BOX 520<br>COLORADO SPRINGS, CO 809010520                                                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,200     |
| ALZHEIMERS DISEASE AND RELATED DISORDERS ASSOCIATION INC<br>225 N MICHIGAN AVE STE 1700<br>CHICAGO, IL 606017652 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| SUSAN G KOMEN 3-DAY<br>55 E JACKSON BLVD SUITE 1010<br>CHICAGO, IL 60604                                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| <b>Total . . . . . ▶ 3a</b>                                                                                      |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                                            |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                                           |                                                                                                           |                                |                                  |           |
| BIBLE BROADCASTING NETWORK<br>INCORPORATED<br>11530 CARMEL COMMONS BLVD<br>CHARLOTTE, NC 282263976                             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| UNITED CEREBRAL PALSY<br>ASSOCIATION OF GREATER BATON<br>ROUGE INC DBA MCMAINS<br>1805 COLLEGE DR<br>BATON ROUGE, LA 708081919 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| SOUTH CAROLINA STATE UNIVERSITY<br>FOUNDATION INC<br>PO BOX 7187<br>ORANGEBURG, SC 291170001                                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 80        |
| <b>Total . . . . . ▶ 3a</b>                                                                                                    |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| UNIVERSITY OF IOWA FOUNDATION<br>PO BOX 4550<br>IOWA CITY, IA 522444550                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,700     |
| AMERICAN HEART ASSOCIATION INC<br>128 SOUTH TRYON STREET SUITE 1588<br>CHARLOTTE, NC 28202               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 12,575    |
| COLUMBIA COUNTY COMMUNITY FOUNDATION<br>116 SOUTH WASHINGTON<br>MAGNOLIA, AR 71753                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| BETA PSI FOUNDATION INC<br>1260 WINCHESTER PKWY SE STE 205<br>SMYRNA, GA 300806546                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| H & P ANIMAL ALLIANCEPO BOX 1526<br>MAGNOLIA, AR 717541526                                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 276       |
| CHILDRENS JOURNEY INC<br>510 GRAND FIR LANE<br>RICHMOND, TX 77469                                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| GRACE CHURCH OF HUMBLE<br>7224 N SAM HOUSTON PKWY E<br>HUMBLE, TX 773964103                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| GRACE CHURCH OF HUMBLE<br>7224 N SAM HOUSTON PKWY E<br>HUMBLE, TX 773964103                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,384     |
| HEALTH CARE MINISTRY OF PRINCETON<br>PO BOX 1517<br>PRINCETON, NJ 085421517                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| EXODUS CHURCHPO BOX 126<br>BELMONT, NC 280120126                                                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| BETHEL COMMUNITY CHURCH<br>PO BOX 2063<br>MAGNOLIA, AR 71753                                             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| 14 PEWS800 AURORA ST<br>HOUSTON, TX 770091054                                                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| ST PAUL LUTHERAN CHURCH<br>718 ARBOR CT<br>SOUTH HAVEN, MI 490901959                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| PRESIDENT AND FELLOWS OF HARVARD COLLEGE<br>1033 MASSACHUSETTS AVE STE 3<br>CAMBRIDGE, MA 021385366      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| WINDSOR SPRING BAPTIST CHURCH INC<br>3692 WINDSOR SPRING ROAD<br>HEPHZIBAH, GA 30815                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                         |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                        |                                                                                                           |                                |                                  |           |
| MICHIGAN STATE UNIVERSITY<br>350 ADMINISTRATION BLDG<br>EAST LANSING, MI 488241046                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| HABITAT FOR HUMANITY OF GREATER BATON ROUGE INC<br>6554 FLORIDA BLVD SUITE 200<br>BATON ROUGE, LA 708064474 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| JULIUS FREYHAN FOUNDATION<br>PO BOX 1636<br>ST FRANCISVLE, LA 707751636                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                          |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                       |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                      |                                                                                                           |                                |                                  |           |
| ST JUDE CHILDRENS RESEARCH HOSPITAL INC<br>501 ST JUDE PLACE ATTN MATCHING GIFTS<br>MEMPHIS, TN 381053678 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| GREATER BATON ROUGE FOOD BANK INC<br>PO BOX 45830<br>BATON ROUGE, LA 708954830                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| RIVERSIDE BAPTIST CHURCH<br>36890 LA HWY 16<br>DENHAM SPRINGS, LA 70706                                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                               |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| NEW JERSEY INSTITUTE OF TECHNOLOGY FOUNDATION<br>UNIVERSITY HEIGHTS<br>NEWARK, NJ 071020000              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 150       |
| HOLY GHOST PREP2429 BRISTOL PIKE<br>BENSALEM, PA 190205245                                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| CHILDRENS CANCER RESEARCH FUND<br>7301 OHMS LN STE 355<br>MINNEAPOLIS, MN 554392336                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 52        |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| THE FOUNDATION FOR CHRISTIAN DISCIPLESHIP<br>810 N MAIN ST 299<br>SPEARFISH, SD 577832166                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| CATAWBA LANDS CONSERVANCY<br>4530 PARK RD STE 420<br>CHARLOTTE, NC 282093790                             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| BOY SCOUTS OF AMERICA<br>1995 HOLLYWOOD DR<br>JACKSON, TN 383054324                                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                          |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                         |                                                                                                           |                                |                                  |           |
| COMMUNITIES IN SCHOOLS OF CHARLOTTE MECKLENBURG INC<br>601 E 5TH STREET SUITE 300<br>CHARLOTTE, NC 282020000 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| BETHEL COMMUNITY CHURCH<br>PO BOX 2063<br>MAGNOLIA, AR 71753                                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| BISHOP LEBLOND HIGH SCHOOL<br>3529 FREDERICK AVENUE<br>SAINT JOSEPH, MO 64506                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| <b>Total . . . . . ▶ 3a</b>                                                                                  |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| HONDURAN CHILDRENS RESCUE FUND<br>2470 MIRAMAR BLVD<br>UNIVERSITY HT, OH 441183820                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,000     |
| NORTH CAROLINA BAPTIST FOUNDATION INCORPORATED<br>201 CONVENTION DR<br>CARY, NC 275114257                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,400     |
| UNBOUND1 ELMWOOD AVE<br>KANSAS CITY, KS 661032118                                                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 432       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                             |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                            |                                                                                                           |                                |                                  |           |
| BIBLE BROADCASTING NETWORK INCORPORATED<br>11530 CARMEL COMMONS BLVD<br>CHARLOTTE, NC 282263976                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| UNIVERSITY OF HOUSTON FOUNDATION<br>PO BOX 867<br>HOUSTON, TX 770010867                                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| YOUNG MEN CHRISTIAN ASSOCIATION OF WESTERN NORTH CAROLINA<br>53 ASHELAND AVE STE 105<br>ASHEVILLE, NC 288013201 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                                     |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| OLIVER GOSPEL MISSION<br>1100 TAYLOR SREET<br>COLUMBIA, SC 292010000                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| FIRST UNITED METHODIST CHURCH-<br>MAGNOLIA<br>320 WEST MAIN STREET<br>MAGNOLIA, AR 71753                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 420       |
| BAREFOOT PEDALS FOUNDATION INC<br>PO BOX 85307<br>BATON ROUGE, LA 708845307                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| CAMPUS CRUSADE FOR CHRIST INC<br>100 LAKE HART DR 2200<br>ORLANDO, FL 328320100                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| D & R GREENWAY LAND TRUST INC<br>1 PRESERVATION PL<br>PRINCETON, NJ 085406700                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| BRAZORIA COUNTY GATHERING PLACE<br>INTERFAITH MINISTRIES INC<br>PO BOX 2050<br>ANGLETON, TX 77516        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| a Paid during the year                                                                                   |                                                                                                           |                                |                                  |           |
| A ROY HERON GLOBAL FOUNDATION FOR COMMUNITY WELLNESS<br>321 S PATRICK ST<br>ALEXANDRIA, VA 223143534     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| ROCHESTER INSTITUTE OF TECHNOLOGY<br>116 LOMB MEMORIAL DRIVE<br>ROCHESTER, NY 146235604                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| EXODUS CHURCHPO BOX 126<br>BELMONT, NC 280120126                                                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| Total . . . . . ▶ 3a                                                                                     |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| INTERNATIONAL RESCUE COMMITTEE INC<br>122 EAST 42ND STREET<br>NEW YORK, NY 101680002                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| EDISTO HABITAT FOR HUMANITY INC<br>PO BOX 2489<br>ORANGEBURG, SC 291162489                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| CATHOLIC RELIEF SERVICES INC<br>PO BOX 17090<br>BALTIMORE, MD 21203                                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                       |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                      |                                                                                                           |                                |                                  |           |
| UNIVERSITY OF MASSACHUSETTS<br>AMHERST FOUNDATION INC<br>134 HICKS WAY MEMORIAL HALL<br>AMHERST, MA 01003 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| NATURAL RESOURCES DEFENSE<br>COUNCIL INC<br>40 WEST 20TH STREET<br>NEW YORK, NY 100114211                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| PHYSICIANS FOR HUMAN RIGHTS INC<br>256 W 38TH ST 9TH FL<br>NEW YORK, NY 10018                             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| <b>Total . . . . . ▶ 3a</b>                                                                               |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                       |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                      |                                                                                                           |                                |                                  |           |
| SOCIETY OF ST VINCENT DE PAUL<br>P O BOX 127<br>BATON ROUGE, LA 70821                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| ST JUDE CHILDRENS RESEARCH HOSPITAL INC<br>501 ST JUDE PLACE ATTN MATCHING GIFTS<br>MEMPHIS, TN 381053678 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| GREATER BATON ROUGE FOOD BANK INC<br>PO BOX 45830<br>BATON ROUGE, LA 708954830                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . . ▶ 3a</b>                                                                               |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| WOUNDED WARRIOR PROJECT INC<br>PO BOX 758517<br>TOPEKA, KS 66675                                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| INTERNATIONAL GOSPEL OUTREACH<br>PO BOX 1008<br>SEMMES, AL 365751008                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 600       |
| MISSOURI BOTANICAL GARDEN BOARD OF TRUSTEES<br>PO BOX 299<br>SAINT LOUIS, MO 631660299                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 75        |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| FOREST PARK FOREVER INC<br>5595 GRAND DRIVE IN FOREST PAR<br>SAINT LOUIS, MO 631120000                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| ST ANDREWS UMC<br>1980 COLUMBIA ROAD<br>ORANGEBURG, SC 29115                                             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| GASTON CHRISTIAN SCHOOLS INC<br>1625 LOWELL BETHESDA RD<br>GASTONIA, NC 280569496                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| DE SOTO AREA COUNCIL BOY SCOUTS OF AMERICA INC<br>118 WEST PEACH STREET<br>EL DORADO, AR 71730           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| LEROY SPRINGS & COMPANY INC<br>P O BOX 1209<br>FT MILL, SC 291160000                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 401       |
| THE CULTURE PROJECT INTERNATIONAL<br>PO BOX 86<br>WYNNEWOOD, PA 190960086                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 150       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                               |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                              |                                                                                                           |                                |                                  |           |
| UNIVERSITY OF TEXAS FOUNDATION - MD ANDERSON CANCER CENTER - UNIVERSITY MAT<br>PO BOX 250<br>AUSTIN, TX 787670250 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| YORK COMPREHENSIVE HIGH SCHOOL BANDS<br>275 EAST ALEXANDER LOVE HIGHWA<br>YORK, SC 29745                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| THE JACK STEPHENS YOUTH GOLF ACADEMY INC<br>1 FIRST TEE WAY<br>LITTLE ROCK, AR 722047712                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . . ▶ 3a</b>                                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| JAZZ ARTS INITIATIVE<br>345 N COLLEGE STREET 313<br>CHARLOTTE, NC 282022113                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,500     |
| BIBLE BROADCASTING NETWORK<br>INCORPORATED<br>11530 CARMEL COMMONS BLVD<br>CHARLOTTE, NC 282263976       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| ALZHEIMERS SERVICES OF THE<br>CAPITAL AREA<br>3772 NORTH BLVD<br>BATON ROUGE, LA 708063822               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| SOUTHERN ARKANSAS UNIVERSITY FOUNDATION INC<br>100 E UNIVERSITY MSC 9174<br>MAGNOLIA, AR 71753           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,300     |
| NAMI MERCER NJ INC<br>1235 WHITEHORSE MERCERVILLE RD<br>LAWRENCEVILLE, NJ 086481305                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| 24 FOUNDATION<br>801 E MOREHEAD ST STE 308<br>CHARLOTTE, NC 282022606                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                       |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                      |                                                                                                           |                                |                                  |           |
| ST JUDE CHILDRENS RESEARCH HOSPITAL INC<br>501 ST JUDE PLACE ATTN MATCHING GIFTS<br>MEMPHIS, TN 381053678 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| GARDERE COMMUNITY CHRISTIAN SCHOOL<br>6638 MILLSTONE AVE<br>BATON ROUGE, LA 708085114                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| COLUMBIA COUNTY ANIMAL PROTECTION SOCIETY<br>PO BOX 2003<br>MAGNOLIA, AR 717547003                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| <b>Total . . . . . ▶ 3a</b>                                                                               |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| CATHERINE'S HOUSE INC<br>141 MERCY DRIVE<br>BELMONT, NC 28012                                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| COLUMBIA CHRISTIAN SCHOOL<br>250 WARNOCK SPRINGS ROAD<br>MAGNOLIA, AR 717539002                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| HUDSON FOUNDATIONPO BOX 101<br>HUDSON, MI 492470101                                                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 300       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| EXODUS CHURCHPO BOX 126<br>BELMONT, NC 280120126                                                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| SUSAN G KOMEN 3-DAY<br>55 E JACKSON BLVD SUITE 1010<br>CHICAGO, IL 60604                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| LSU FOUNDATION<br>3796 NICHOLSON DRIVE<br>BATON ROUGE, LA 70802                                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                              |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                             |                                                                                                           |                                |                                  |           |
| JESUIT HIGH SCHOOL OF NEW ORLEANS<br>4133 BANKS ST<br>NEW ORLEANS, LA 701196811                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| ALZHEIMERS DISEASE AND RELATED DISORDERS ASSOCIATION INC<br>225 N MICHIGAN AVE STE 1700<br>CHICAGO, IL 606017652 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| LSU ALUMNI ASSOCIATION<br>3838 W LAKESHORE DR<br>BATON ROUGE, LA 708084600                                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 300       |
| <b>Total . . . . . ▶ 3a</b>                                                                                      |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                                  |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                                 |                                                                                                           |                                |                                  |           |
| MAGNOLIA ARTS COUNCIL INC<br>116 SOUTH WASHINGTON<br>MAGNOLIA, AR 71753                                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 225       |
| ORANGEBURG CALHOUN TECHNICAL<br>COLLEGE FOUNDATION INCORPORATED<br>3250 ST MATTHEWS ROAD<br>ORANGEBURG, SC 291188222 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| ORANGEBURG CALHOUN FREE MEDICAL<br>CLINIC<br>PO BOX 505<br>ORANGEBURG, SC 291160505                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| <b>Total . . . . . ▶ 3a</b>                                                                                          |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                         |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                        |                                                                                                           |                                |                                  |           |
| ST JUDE RESEARCH HOSPITAL<br>262 DANNY THOMAS PL MSC 512<br>MEMPHIS, TN 381053678                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| ASSOCIATION OF FORMER STUDENTS OF TEXAS A & M UNIVERSITY<br>505 GEORGE BUSH DR<br>COLLEGE STA, TX 778402918 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 93        |
| ST JOSEPHS ACADEMY<br>3015 BROUSSARD STREET<br>BATON ROUGE, LA 708081120                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| <b>Total . . . . . ▶ 3a</b>                                                                                 |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                       |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                      |                                                                                                           |                                |                                  |           |
| ST JUDE CHILDRENS RESEARCH HOSPITAL INC<br>501 ST JUDE PLACE ATTN MATCHING GIFTS<br>MEMPHIS, TN 381053678 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| JUNIOR CHARITY LEAGUE OF MAGNOLIA<br>PO BOX 1091<br>MAGNOLIA, AR 71753                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 105       |
| ASHEVILLE HUMANE SOCIETY INC<br>14 FOREVER FRIEND LN<br>ASHEVILLE, NC 288064570                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 750       |
| <b>Total . . . . . ▶ 3a</b>                                                                               |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| BATON ROUGE CHILDREN'S ADVOCACY CENTER<br>626 EAST BLVD<br>BATON ROUGE, LA 708026011                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 415       |
| HUMBLE ISD EDUCATION FOUNDATION<br>PO BOX 2105<br>HUMBLE, TX 773472000                                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| SHRINERS HOSPITALS FOR CHILDREN<br>PO BOX 441324<br>HOUSTON, TX 77244                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> Paid during the year                                                                            |                                                                                                           |                                |                                  |           |
| CHRISTIAN HEALTH SERVICE CORPS<br>201 PRIVATE ROAD 5819<br>GRAND SALINE, TX 751403037                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 300       |
| ST HELEN CATHOLIC CHURCH<br>2209 OLD ALVIN RD<br>PEARLAND, TX 77581                                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| ARKANSAS BAPTIST CHILDRENS HOMES AND FAMILY MINISTRIES<br>10 REMINGTON DR<br>LITTLE ROCK, AR 722048202   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| Total . . . . . ► <b>3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| EXODUS CHURCHPO BOX 126<br>BELMONT, NC 280120126                                                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 300       |
| ABOVE ALL SPORTS<br>2107 MISTY RIVER TRL<br>KINGWOOD, TX 773452147                                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| OHIO STATE UNIVERSITY FOUNDATION<br>1480 W LANE AVE<br>COLUMBUS, OH 432213919                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                         |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                        |                                                                                                           |                                |                                  |           |
| CHINESE CHRISTIAN CHURCH OF BATON ROUGE<br>10011 OLD HAMMOND HWY<br>BATON ROUGE, LA 708168256               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| AMYOTROPHIC LATERAL SCLEROSIS OF MICHIGAN INC<br>24359 NORTHWESTERN HWY STE 100<br>SOUTHFIELD, MI 480756801 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 60        |
| CLEARCREEK I S D SUPPORT GROUPS<br>PO BOX 3325<br>LEAGUE CITY, TX 775743325                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| <b>Total . . . . . ▶ 3a</b>                                                                                 |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                              |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                             |                                                                                                           |                                |                                  |           |
| ALZHEIMERS DISEASE AND RELATED DISORDERS ASSOCIATION INC<br>225 N MICHIGAN AVE STE 1700<br>CHICAGO, IL 606017652 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| ALZHEIMERS DISEASE AND RELATED DISORDERS ASSOCIATION INC<br>225 N MICHIGAN AVE STE 1700<br>CHICAGO, IL 606017652 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| ARKANSAS GAME & FISH FOUNDATION<br>2 NATURAL RESOURCES DR<br>LITTLE ROCK, AR 722051572                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| <b>Total . . . . . ▶ 3a</b>                                                                                      |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| BIBLE BROADCASTING NETWORK<br>INCORPORATED<br>11530 CARMEL COMMONS BLVD<br>CHARLOTTE, NC 282263976       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| BOYS & GIRLS CLUB OF SALINE<br>COUNTY<br>1810 CITIZENS DRIVE<br>BENTON, AR 720150000                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| CAMPUS CRUSADE FOR CHRIST INC<br>100 LAKE HART DR 2200<br>ORLANDO, FL 328320100                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 150       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| CLOVER HIGH SCHOOL CHORAL BOOSTER CLUB<br>PO BOX 836<br>CLOVER, SC 297100836                             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 225       |
| CORNER TABLE INCPO BOX 1051<br>NEWTON, NC 286581051                                                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,500     |
| EMORY UNIVERSITY<br>1762 CLIFTON ROAD SUITE 1400<br>ATLANTA, GA 30322                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| GREATER BATON ROUGE FOOD BANK<br>INC<br>PO BOX 45830<br>BATON ROUGE, LA 708954830                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| HABITAT FOR HUMANITY<br>INTERNATIONAL INC<br>33 MEADOW RD<br>ASHEVILLE, NC 288032651                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 230       |
| HILLSDALE COLLEGE33 E COLLEGE ST<br>HILLSDALE, MI 492421205                                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                                       |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                                      |                                                                                                           |                                |                                  |           |
| HOMEFRONT INC<br>1880 PRINCETON AVENUE<br>LAWRENCEVILLE, NJ 086484561                                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| LOUISIANA SYMPHONY ASSOCIATION<br>DBA BATON ROUGE SYMPHONY ORCHESTRA<br>9635 FENWAY AVENUE STE B<br>BATON ROUGE, LA 70809 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| METHODIST FAMILY HEALTH FOUNDATION INC<br>1600 ALDERSGATE RD SUITE 200<br>LITTLE ROCK, AR 722056676                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . . ▶ 3a</b>                                                                                               |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| QUEEN OF APOSTLES CHURCH<br>503 NORTH MAIN ST<br>BELMONT, NC 28012                                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| SCHLOW CENTRE REGION LIBRARY<br>211 S ALLEN ST<br>STATE COLLEGE, PA 168014806                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| SOUTHERN ARKANSAS UNIVERSITY<br>ALUMNI ASSOCIATION INC<br>PO BOX 9416<br>MAGNOLIA, AR 717540000          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                           |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                          |                                                                                                           |                                |                                  |           |
| ST PATRICK ROMAN CATHOLIC CHURCH<br>12424 BROGDON LN<br>BATON ROUGE, LA 70816                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| UNIVERSITY OF ARKANSAS<br>FOUNDATION INC<br>535 RESEARCH CENTER BOULEVARD<br>NO<br>FAYETTEVILLE, AR 727016922 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 300       |
| YORK COUNTY HUMANE SOCIETY<br>8177 REGENT PKWY STE 103<br>FORT MILL, SC 297158388                             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . . ▶ 3a</b>                                                                                   |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| COLUMBIA COUNTY ANIMAL PROTECTION SOCIETY<br>PO BOX 2003<br>MAGNOLIA, AR 717547003                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| COVENANT DAY SCHOOL INC<br>800 FULLWOOD RD<br>MATTHEWS, NC 281052661                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 850       |
| EMERSON HIGH SCHOOL212 GRAYSON<br>EMERSON, AR 71740                                                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 350       |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| JAMES WHITCOMB RILEY MEMORIAL ASSOCIATION<br>30 S MERIDIAN ST STE 200<br>INDIANAPOLIS, IN 462043509      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| NORTH CAROLINA SCHOOL OF SCIENCE & MATHEMATICS FOUNDATION<br>1219 BROAD ST<br>DURHAM, NC 277053577       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 300       |
| THE NAVIGATORS3820 N 30TH ST<br>COLORADO SPGS, CO 809045001                                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> Paid during the year                                                                            |                                                                                                           |                                |                                  |           |
| THE OHIO STATE UNIVERSITY<br>1480 WEST LANE AVE<br>COLUMBUS, OH 43221                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| WBRH RADIO CO BR HIGH SCHOOL<br>2825 GOVERNMENT STREET<br>BATON ROUGE, LA 70806                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| SPECIAL OLYMPICS SOUTH CAROLINA<br>109 OAK PARK DRIVE<br>IRMO, SC 29063                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| Total . . . . . ▶ 3a                                                                                     |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| THE UNIVERSITY OF TENNESSEE<br>FOUNDATION INC<br>1525 UNIVERSITY AVENUE<br>KNOXVILLE, TN 37921           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| NAMI MERCER NJ INC<br>1235 WHITEHORSE MERCERVILLE RD<br>LAWRENCEVILLE, NJ 086481305                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| CHESAPEAKE BAY FOUNDATION INC<br>6 HERNDON AVE<br>ANNAPOLIS, MD 214034503                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 300       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| LOUISIANA TECH UNIVERSITY<br>FOUNDATION INC<br>PO BOX 3183<br>RUSTON, LA 712723183                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 150       |
| SOUTH ARKANSAS SYMPHONY SOCIETY<br>100 W CEDAR ST STE A<br>EL DORADO, AR 717305876                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| UNIVERSITY OF PITTSBURGH<br>PARK PLAZA 128 NORTH CRAIG STREET<br>PITTSBURGH, PA 15260                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                       |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                      |                                                                                                           |                                |                                  |           |
| ST JUDE RESEARCH HOSPITAL<br>262 DANNY THOMAS PL MSC 512<br>MEMPHIS, TN 381053678                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| ST JUDE CHILDRENS RESEARCH HOSPITAL INC<br>501 ST JUDE PLACE ATTN MATCHING GIFTS<br>MEMPHIS, TN 381053678 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| TEACH FOR AMERICA INCPO BOX 65148<br>BATON ROUGE, LA 70896                                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| <b>Total . . . . . ▶ 3a</b>                                                                               |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| GREATER BATON ROUGE FOOD BANK<br>INC<br>PO BOX 45830<br>BATON ROUGE, LA 708954830                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| CITY OF TAYLORPO BOX 307<br>TAYLOR, AR 71861                                                             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| COVENANT COLLEGE INC<br>14049 SCENIC HWY<br>LOOKOUT MTN, GA 307504100                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| ST LUKE THE EVANGELIST CATHOLIC CHURCH<br>11011 HALL ROAD<br>HOUSTON, TX 77089                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,445     |
| SMACKOVER ELEMENTARY SCHOOL<br>701 MAGNOLIA ST<br>SMACKOVER, AR 717621703                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 70        |
| CHARLOTTE RESCUE MISSION<br>907 W 1ST ST<br>CHARLOTTE, NC 282021003                                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| COLLEGE VIEW BAPTIST CHURCH<br>2121 N WASHINGTON<br>MAGNOLIA, AR 71753                                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| EXODUS CHURCHPO BOX 126<br>BELMONT, NC 280120126                                                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 300       |
| TEXAS A&M FOUNDATION<br>401 GEORGE BUSH DRIVE<br>COLLEGE STATION, TX 77840                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| COMPASSION INTERNATIONAL<br>INCORPORATED<br>12290 VOYAGER PKWY<br>COLORADO SPGS, CO 809213668            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 754       |
| THE SALVATION ARMY<br>813 NOTTINGHAM STREET<br>ORANGEBURG, SC 29115                                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| AUBURN UNIVERSITY FOUNDATION<br>317 S COLLEGE ST<br>AUBURN, AL 368495149                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| LSU ALUMNI ASSOCIATION<br>3838 W LAKESHORE DR<br>BATON ROUGE, LA 708084600                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 300       |
| MANHATTAN COLLEGE<br>4513 MANHATTAN PARKWAY<br>RIVERDALE, NY 104710000                                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| MANHATTAN COLLEGE<br>4513 MANHATTAN PARKWAY<br>RIVERDALE, NY 104710000                                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                        |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                       |                                                                                                           |                                |                                  |           |
| INTERNATIONAL STUDENTS INC<br>12325 ORACLE BLVD STE 200<br>COLORADO SPGS, CO 80921                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| CLEVELAND STATE UNIVERSITY<br>FOUNDATION INC<br>2121 EUCLID AVE - UN544<br>CLEVELAND, OH 441152214         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| FUTURE FARMERS OF AMERICA STATE<br>ASSOCIATIONS & LOCAL CHAPTER<br>212 GRAYSON ST<br>EMERSON, AR 717400000 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . . ▶ 3a</b>                                                                                |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| WILDERNESS SOCIETY<br>1615 M ST NW LBBY 2<br>WASHINGTON, DC 200363258                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| OXFAM-AMERICA INC<br>226 CAUSEWAY ST 5TH FLOOR<br>BOSTON, MA 021142171                                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| LEUKEMIA & LYMPHOMA SOCIETY INC<br>3 INTERNATIONAL DRIVE SUITE 200<br>RYE BROOK, NY 10573                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| GREATER BATON ROUGE FOOD BANK INC<br>PO BOX 45830<br>BATON ROUGE, LA 708954830                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 300       |
| ASBURY UNITED METHODIST CHURCH<br>1300 EAST UNIVERSITY STREET<br>MAGNOLIA, AR 71753                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| WOMAN'S NEW LIFE CENTER<br>760 COLONIAL DRIVE<br>BATON ROUGE, LA 70806                                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| MELANOMA RESEARCH FOUNDATION<br>1411 K ST NW STE 800<br>WASHINGTON, DC 200053458                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| NATIONAL MS SOCIETY<br>4613 FAIRFIELD ST<br>METAIRIE, LA 70006                                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| CHRISTIAN HEALTH SERVICE CORPS<br>201 PRIVATE ROAD 5819<br>GRAND SALINE, TX 751403037                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 300       |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| EVANGELICAL PRESBYTERIAN CHURCH<br>5850 T G LEE BLVD STE 510<br>ORLANDO, FL 328224407                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| THE CULTURE PROJECT INTERNATIONAL<br>PO BOX 86<br>WYNNEWOOD, PA 190960086                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| VOLUNTEERS IN PUBLIC SCHOOLS INC<br>4070 TUNICA ST<br>BATON ROUGE, LA 708055061                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 103       |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| 14 PEWS800 AURORA ST<br>HOUSTON, TX 770091054                                                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| ST LUKES EPISCOPAL CHURCH<br>8833 GOODWOOD BLVD<br>BATON ROUGE, LA 708067919                             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| MUSTANG BAND BOOSTER CLUB<br>PO BOX 805<br>FRIENDSWOOD, TX 775490805                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| MCNEESE STATE UNIVERSITY<br>FOUNDATION<br>BOX 91989<br>LAKE CHARLES, LA 70609                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| DOUGLAS ELEMENTARY SCHOOL<br>PO BOX 818<br>DOUGLAS, MI 49406                                             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| MERCY SHIPSPO BOX 2020<br>LINDALE, TX 757712020                                                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| AMERICAN RED CROSS OF CENTRAL SC<br>2751 BULL STREET<br>COLUMBIA, SC 29201                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| THE SALVATION ARMYPO BOX 15467<br>BATON ROUGE, LA 70895                                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 300       |
| BIBLE BROADCASTING NETWORK<br>INCORPORATED<br>11530 CARMEL COMMONS BLVD<br>CHARLOTTE, NC 282263976       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| WBRH RADIO CO BR HIGH SCHOOL<br>2825 GOVERNMENT STREET<br>BATON ROUGE, LA 70806                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 300       |
| JESUIT HIGH SCHOOL OF NEW ORLEANS<br>4133 BANKS ST<br>NEW ORLEANS, LA 701196811                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 150       |
| HANNAH PREGNANCY RESOURCE CENTER<br>101 W MAIN ST STE 201<br>EL DORADO, AR 717305654                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                         |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                        |                                                                                                           |                                |                                  |           |
| ST PATRICK ROMAN CATHOLIC CHURCH<br>12424 BROGDON LN<br>BATON ROUGE, LA 70816                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,865     |
| ASSOCIATION OF FORMER STUDENTS OF TEXAS A & M UNIVERSITY<br>505 GEORGE BUSH DR<br>COLLEGE STA, TX 778402918 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| UNITED STATES FUND FOR UNICEF<br>125 MAIDEN LANE 10TH FLR<br>NEW YORK, NY 100384912                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| <b>Total . . . . . ▶ 3a</b>                                                                                 |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                         |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                        |                                                                                                           |                                |                                  |           |
| NATIONAL PARKS CONSERVATION ASSOCIATION<br>777 6TH STREET NW SUITE 700<br>WASHINGTON, DC 200013723          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 75        |
| ASSOCIATION OF FORMER STUDENTS OF TEXAS A & M UNIVERSITY<br>505 GEORGE BUSH DR<br>COLLEGE STA, TX 778402918 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 190       |
| ST VINCENT DEPAUL COMMUNITY PHARMACY INC<br>PO BOX 127<br>BATON ROUGE, LA 708210127                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| <b>Total . . . . . ▶ 3a</b>                                                                                 |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                             |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                            |                                                                                                           |                                |                                  |           |
| CAMPUS CRUSADE FOR CHRIST INC<br>100 LAKE HART DRIVE 2200<br>ORLANDO, FL 328320100                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 446       |
| SOCIETY OF ST VINCENT DE PAUL<br>P O BOX 127<br>BATON ROUGE, LA 70821                                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| ST JUDE CHILDRENS RESEARCH<br>HOSPITAL INC<br>501 ST JUDE PLACE ATTN MATCHING<br>GIFTS<br>MEMPHIS, TN 381053678 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 150       |
| <b>Total . . . . . ▶ 3a</b>                                                                                     |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| HISTORICAL SOCIETY OF PRINCETON<br>NEW JERSEY<br>354 QUAKER ROAD<br>PRINCETON, NJ 08540                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| AGNES SCOTT COLLEGE<br>14 I E COLLEGE AVENUE<br>DECATUR, GA 300300000                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,000     |
| PRINCETON GARDEN THEATRE LLC<br>160 NASSAU ST<br>PRINCETON, NJ 08542                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 65        |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| THE ARK CHURCH450 HUMBLE TANK RD<br>CONROE, TX 77304                                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| ISTROUMA AREA COUNCIL<br>9644 BROOKLINE AVE<br>BATON ROUGE, LA 708091432                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| MORAVIAN COLLEGE1200 MAIN ST<br>BETHLEHEM, PA 180186614                                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                              |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                             |                                                                                                           |                                |                                  |           |
| NAOMIS HOME MINISTRIES<br>1020 E TERRELL AVE<br>FORT WORTH, TX 761043746                                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,500     |
| ALZHEIMERS DISEASE AND RELATED DISORDERS ASSOCIATION INC<br>225 N MICHIGAN AVE STE 1700<br>CHICAGO, IL 606017652 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| EVANGELICAL FREE CHURCH OF AMERICA<br>901 E 78TH ST<br>MINNEAPOLIS, MN 554201334                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,200     |
| <b>Total . . . . . ▶ 3a</b>                                                                                      |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| CLEAR LAKE UNITED METHODIST CHURCH<br>16335 EL CAMINO REAL<br>HOUSTON, TX 77062                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,100     |
| LIFE TOUCH HOSPICE<br>2301 CHAMPAGNOLLE ROAD<br>EL DORADO, AR 71730                                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| MATTAWAN BAND BOOSTERS INC<br>PO BOX 27<br>MATTAWAN, MI 490710027                                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 150       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| EXODUS CHURCHPO BOX 126<br>BELMONT, NC 280120126                                                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 300       |
| CLOVER HIGH SCHOOL CHORAL BOOSTER CLUB<br>PO BOX 836<br>CLOVER, SC 297100836                             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 375       |
| YORK COMPREHENSIVE HIGH SCHOOL BANDS<br>275 EAST ALEXANDER LOVE HIGHWA<br>YORK, SC 29745                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| SAV-A-LIFE MOBILE INC<br>308 S SAGE AVE<br>MOBILE, AL 366063616                                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,300     |
| ST LUKES FREE MEDICAL CLINIC OF SPARTANBURG INC<br>PO BOX 3466<br>SPARTANBURG, SC 293043466              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| CHARLOTTE COUNTRY DAY SCHOOL<br>1440 CARMEL RD<br>CHARLOTTE, NC 282265012                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 120       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| AMERICAN HEART ASSOCIATION INC<br>128 SOUTH TRYON STREET SUITE 1588<br>CHARLOTTE, NC 28202               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 125       |
| THE SALVATION ARMYPO BOX 15467<br>BATON ROUGE, LA 70895                                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 300       |
| LSU FOUNDATION<br>3796 NICHOLSON DRIVE<br>BATON ROUGE, LA 70802                                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                                            |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                                           |                                                                                                           |                                |                                  |           |
| VIRGINIA TECH FOUNDATION INC<br>902 PRICES FORK RD STE 4400<br>BLACKSBURG, VA 240606811                                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| UNITED CEREBRAL PALSY<br>ASSOCIATION OF GREATER BATON<br>ROUGE INC DBA MCMAINS<br>1805 COLLEGE DR<br>BATON ROUGE, LA 708081919 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 3,800     |
| FRIENDS OF LOUISIANA PUBLIC<br>BROADCASTING INC<br>7733 PERKINS RD<br>BATON ROUGE, LA 708101009                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . . ▶ 3a</b>                                                                                                    |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| PUBLIC RADIO INC<br>3050 VALLEY CREEK DR<br>BATON ROUGE, LA 708083145                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| MISSISSIPPI STATE UNIVERSITY<br>FOUNDATION INC<br>PO BOX 6149<br>MS STATE UNIV, MS 397626149             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| ST JOSEPHS ACADEMY<br>3015 BROUSSARD STREET<br>BATON ROUGE, LA 70808                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                              |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                             |                                                                                                           |                                |                                  |           |
| THE UNIVERSITY OF TEXAS FOUNDATION<br>PO BOX 250<br>AUSTIN, TX 787670250                                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| ALZHEIMERS DISEASE AND RELATED DISORDERS ASSOCIATION INC<br>225 N MICHIGAN AVE STE 1700<br>CHICAGO, IL 606017652 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| HEARTWORKS MINISTRY INC<br>PO BOX 4476<br>COLUMBIA, SC 292404476                                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| <b>Total . . . . . ▶ 3a</b>                                                                                      |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| PLANNED PARENTHOOD FEDERATION OF AMERICA INC<br>123 WILLIAMS STREET 10TH FL<br>NEW YORK, NY 10038        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| MAGNOLIA HIGH SCHOOL<br>1402 HIGH SCHOOL DRIVE<br>MAGNOLIA, AR 717530649                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 300       |
| LSU LABORATORY SCHOOL<br>45 DALRYMPLE DRIVE<br>BATON ROUGE, LA 708030501                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                                         |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                                        |                                                                                                           |                                |                                  |           |
| HOUSTON PUBLIC MEDIA FOUNDATION<br>4343 ELGIN<br>HOUSTON, TX 772040008                                                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 60        |
| LOUISIANA INDUSTRIES FOR THE DISABLED - WOMEN'S COMMUNITY REHABILITATION CE<br>1979 BEAUMONT DRIVE<br>BATON ROUGE, LA 70806 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 260       |
| WIKIMEDIA FOUNDATION INC<br>PO BOX 98204<br>WASHINGTON, DC 200908204                                                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . . ▶ 3a</b>                                                                                                 |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> Paid during the year                                                                            |                                                                                                           |                                |                                  |           |
| GUIDING EYES FOR THE BLIND INC<br>611 GRANITE SPRINGS RD<br>YORKTOWN HTS, NY 105983411                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 150       |
| THE CORNERSTONE FOUNDATION<br>9032 WOOLMARKET RD<br>BILOXI, MS 39532                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 600       |
| FRIENDSHIP TRAYS INC<br>2401 DISTRIBUTION ST STE A<br>CHARLOTTE, NC 282035378                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| OXFAM-AMERICA INC<br>226 CAUSEWAY ST 5TH FLOOR<br>BOSTON, MA 021142171                                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 192       |
| MISSION FOUNDATION INC<br>PO BOX 46358<br>BATON ROUGE, LA 708956358                                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 600       |
| FRIENDS OF THE LSU RURAL LIFE MUSEUM<br>PO BOX 14852<br>BATON ROUGE, LA 70809                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| GREATER BATON ROUGE FOOD BANK INC<br>PO BOX 45830<br>BATON ROUGE, LA 708954830                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| THE BRIGHTON SCHOOL<br>12108 PARKMEADOW AVENUE<br>BATON ROUGE, LA 708164627                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 550       |
| ZACHARY ELEMENTARY SCHOOL<br>3775 HEMLOCK STREET<br>ZACHARY, LA 70791                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 120       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| CARE PREGNANCY CLINIC<br>3813 N FLANNERY RD<br>BATON ROUGE, LA 708148002                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 700       |
| UNIVERSITY OF ALABAMA DONOR ADVISED FUND<br>BOX 870203<br>TUSCALOOSA, AL 354870001                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 300       |
| TROOP 28 - BOY SCOUTS OF AMERICA<br>336 OLD NC 277 LOOP ROAD<br>DALLAS, NC 28034                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,150     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                              |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                             |                                                                                                           |                                |                                  |           |
| LOUISIANA ENVIRONMENTAL ACTION NETWORK<br>162 CROYDON AVE<br>BATON ROUGE, LA 708064501                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| ST PATRICKS EPISCOPAL CHURCH<br>1322 CHURCH ST<br>ZACHARY, LA 707912743                                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| ALZHEIMERS DISEASE AND RELATED DISORDERS ASSOCIATION INC<br>225 N MICHIGAN AVE STE 1700<br>CHICAGO, IL 606017652 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . . ▶ 3a</b>                                                                                      |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| FORT BEND COMMUNITY CHURCH<br>7707 HIGHWAY 6<br>MISSOURI CITY, TX 774594150                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 667       |
| BIBLEWAY CHURCH OF HOLINESS<br>6201 HIRSCH RD<br>HOUSTON, TX 770261523                                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| KOINONIA HOUSE INC4055 E 3RD AVE<br>POST FALLS, ID 838547175                                             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| PROJECT TRANSFORMATION NORTH TEXAS<br>4024 CARUTH BLVD<br>DALLAS, TX 752255403                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| NC STUDENT AID ASSOCIATION INC<br>PO BOX 37100<br>RALEIGH, NC 276277100                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,500     |
| CHARLOTTE COUNTRY DAY SCHOOL<br>1440 CARMEL RD<br>CHARLOTTE, NC 282265012                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 150       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                         |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                        |                                                                                                           |                                |                                  |           |
| DYSLEXIA ASSOCIATION OF GREATER BATON ROUGE INCORPORATED<br>3488 PARTRIDGE LN<br>BATON ROUGE, LA 708092448  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 750       |
| JDRF INTERNATIONAL<br>26 BROADWAY 14TH FLOOR<br>NEW YORK, NY 100041703                                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,160     |
| BATON ROUGE AFFILIATE OF SUSAN G KOMEN FOR THE CURE<br>6120 PERKINS ROAD SUITE 300<br>BATON ROUGE, LA 70808 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 365       |
| <b>Total . . . . . ▶ 3a</b>                                                                                 |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| BIBLE BROADCASTING NETWORK<br>INCORPORATED<br>11530 CARMEL COMMONS BLVD<br>CHARLOTTE, NC 282263976       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| WBRH RADIO CO BR HIGH SCHOOL<br>2825 GOVERNMENT STREET<br>BATON ROUGE, LA 70806                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| STAR OF HOPE MISSION<br>4848 LOOP CENTRAL DRIVE SUITE 500<br>HOUSTON, TX 77081                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| ALZHEIMERS SERVICES OF THE CAPITAL AREA<br>3772 NORTH BLVD<br>BATON ROUGE, LA 708063822                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| CAPITAL AREA CASA ASSOCIATION<br>848 LOUISIANA AVE<br>BATON ROUGE, LA 708025927                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 125       |
| THE UNIVERSITY OF TENNESSEE FOUNDATION INC<br>1525 UNIVERSITY AVENUE<br>KNOXVILLE, TN 37921              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| FRIENDS OF LOUISIANA PUBLIC BROADCASTING INC<br>7733 PERKINS RD<br>BATON ROUGE, LA 708101009             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 300       |
| VOLUNTEERS IN PUBLIC SCHOOLS INC<br>3000 NORTH SHERWOOD FOREST DR<br>RM 68<br>BATON ROUGE, LA 70814      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,500     |
| ST PATRICK ROMAN CATHOLIC CHURCH<br>12424 BROGDON LN<br>BATON ROUGE, LA 70816                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                            |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                           |                                                                                                           |                                |                                  |           |
| AMERICAN CANCER SOCIETY INC<br>10528 KENTSHIRE COURT<br>BATON ROUGE, LA 70810                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 150       |
| HABITAT FOR HUMANITY OF GREATER<br>BATON ROUGE INC<br>6554 FLORIDA BLVD SUITE 200<br>BATON ROUGE, LA 708064474 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 275       |
| MICHIGAN TECH FUND<br>1400 TOWNSEND DR<br>HOUGHTON, MI 499311200                                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| <b>Total . . . . . ▶ 3a</b>                                                                                    |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount              |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |                     |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |                     |
| CYSTIC FIBROSIS FOUNDATION<br>10532 S GLENSTONE SUITE C<br>BATON ROUGE, LA 70810                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 600                 |
| MARINE TOYS FOR TOTS FOUNDATION<br>18251 QUANTICO GATEWAY DR<br>TRIANGLE, VA 221721776                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50                  |
| MACALESTER COLLEGE<br>1600 GRAND AVE<br>SAINT PAUL, MN 551051801                                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200                 |
| <b>Total . . . . .</b>                                                                                   |                                                                                                           |                                |                                  | <b>3a</b> 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| BROTHER WOLF ANIMAL RESCUE INC<br>31 GLENDALE AVE<br>ASHEVILLE, NC 288031438                             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| WOUND WARRIOR PROJECT INC<br>4899 BELFORT RD STE 300<br>JACKSONVILLE, FL 32256                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| REGENTS OF THE UNIVERSITY OF MICHIGAN<br>3003 S STATE STREET 8000<br>ANN ARBOR, MI 481091276             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 60        |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                       |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                      |                                                                                                           |                                |                                  |           |
| AMERICAN HEART ASSOCIATION INC<br>128 SOUTH TRYON STREET SUITE 1588<br>CHARLOTTE, NC 28202                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| CATHOLIC CHARITIES OF THE DIOCESE OF BATON ROUGE INC<br>PO BOX 1668<br>BATON ROUGE, LA 708211668          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| ST JUDE CHILDRENS RESEARCH HOSPITAL INC<br>501 ST JUDE PLACE ATTN MATCHING GIFTS<br>MEMPHIS, TN 381053678 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| <b>Total . . . . . ▶ 3a</b>                                                                               |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| SECOND HARVEST FOOD BANK OF METROLINA INC<br>500 SPRATT ST STE B<br>CHARLOTTE, NC 282063235              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| CONGREGATION BETH MESSIAH<br>9001 W AIRPORT BLVD<br>HOUSTON, TX 770712487                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 750       |
| GARDERE COMMUNITY CHRISTIAN SCHOOL<br>6638 MILLSTONE AVE<br>BATON ROUGE, LA 708085114                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| GREATER BATON ROUGE FOOD BANK INC<br>PO BOX 45830<br>BATON ROUGE, LA 708954830                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 400       |
| THE BRIGHTON SCHOOL<br>12108 PARKMEADOW AVENUE<br>BATON ROUGE, LA 708164627                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| SPECIAL OLYMPICS LOUISIANA INC<br>1000 E MORRIS AVE<br>HAMMOND, LA 704034456                             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| SHRINER'S HOSPITALS FOR CHILDREN<br>2900 ROCKY POINT DRIVE<br>TAMPA, FL 33607                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 352       |
| CARE PREGNANCY CLINIC<br>3813 N FLANNERY RD<br>BATON ROUGE, LA 708148002                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 350       |
| HYDROMISSIONS300 W MAIN ST<br>LEXINGTON, SC 290722636                                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| BOTANICAL GARDEN FOUNDATION INC<br>CAMPUS BOX 3375 EDUCATION CENTER<br>CHAPEL HILL, NC 275990001         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 150       |
| BAPS CHARITIES INC81 SUTTONS LN<br>PISCATAWAY, NJ 088545723                                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 700       |
| ST ALBANS EPISCOPAL CHURCH<br>301 CALDWELL LN<br>DAVIDSON, NC 280366519                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,500     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| VIRGINIA ATHLETICS FOUNDATION<br>P O BOX 400833<br>CHARLOTTESVILLE, VA 22904                             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 160       |
| FORT BEND COMMUNITY CHURCH<br>7707 HIGHWAY 6<br>MISSOURI CITY, TX 774594150                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,833     |
| UNITY CHURCH MAGNOLIAPO BOX 827<br>MAGNOLIA, AR 71754                                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| THE CALLPO BOX 25524<br>LITTLE ROCK, AR 722215524                                                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| THE CULTURE PROJECT INTERNATIONAL<br>PO BOX 86<br>WYNNEWOOD, PA 190960086                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| VCA CHARITIES12401 W OLYMPIC BLVD<br>LOS ANGELES, CA 900641022                                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| EMERSON ROSE HEART FOUNDATION<br>102 STRAWBERRY LN<br>CLEMSON, SC 296311341                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| DOOR STUDENT SERVICES INC<br>PO BOX 6<br>BELLWOOD, PA 166170006                                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| SOUTH HAVEN HIGH SCHOOL<br>600 ELKENBURG ST<br>SOUTH HAVEN, MI 49090                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 550       |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                                 |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                                |                                                                                                           |                                |                                  |           |
| WIKIMEDIA FOUNDATION INC<br>PO BOX 98204<br>WASHINGTON, DC 200908204                                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 265       |
| ALZHEIMERS DISEASE AND RELATED DISORDERS ASSOCIATION INC<br>225 N MICHIGAN AVE STE 1700<br>CHICAGO, IL 606017652    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| ALZHEIMERS DISEASE AND RELATED DISORDERS ASSOCIATION INC<br>41 PERIMETER CENTER EAST SUITE 550<br>ATLANTA, GA 30346 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| <b>Total . . . . . ▶ 3a</b>                                                                                         |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| AMERICAN LUNG ASSOCIATION OF LOUISIANA INC<br>55 W WACKER DR SUITE 1150<br>CHICAGO, IL 60601             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| AMERICAN NATIONAL RED CROSS<br>17TH AND D STREETS NW<br>WASHINGTON, DC 200060000                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| BOY SCOUTS OF AMERICA<br>1995 HOLLYWOOD DR<br>JACKSON, TN 383054324                                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| CRESTDALE MIDDLE SCHOOL PTO<br>940 SAM NEWELL RD<br>MATTHEWS, NC 281054517                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| DEFENDERS OF WILDLIFE<br>1130 17TH ST NW<br>WASHINGTON, DC 200364604                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| EXODUS CHURCHPO BOX 126<br>BELMONT, NC 280120126                                                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 300       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| FIRST UNITED METHODIST CHURCH-MAGNOLIA<br>320 WEST MAIN STREET<br>MAGNOLIA, AR 71753                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,000     |
| FOUNTAIN HOUSE INC425 W 47TH ST<br>NEW YORK, NY 100362304                                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| GRAND VALLEY STATE UNIVERSITY<br>301 FULTON ST W<br>GRAND RAPIDS, MI 495046492                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 75        |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| GREATER BATON ROUGE FOOD BANK<br>INC<br>PO BOX 45830<br>BATON ROUGE, LA 708954830                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| GREERS CHAPEL UMC800 COLUMBIA 47<br>MAGNOLIA, AR 71753                                                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 5,000     |
| IMMIGRANT & REFUGEE WOMENS<br>PROGRAM<br>3672 ARSENAL ST<br>SAINT LOUIS, MO 631164801                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| INTERNATIONAL STUDENTS INC<br>12325 ORACLE BLVD STE 200<br>COLORADO SPGS, CO 80921                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| ISRAEL BENEVOLENCE FUND INC<br>1025 STEVENWOOD LN<br>ALVIN, TX 775119360                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| LOAVES & FISHES INC<br>648 GRIFFITH RD STE B<br>CHARLOTTE, NC 282173573                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| LOUISIANA TECH UNIVERSITY<br>FOUNDATION INC<br>PO BOX 3183<br>RUSTON, LA 712723183                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| LSU FOUNDATION<br>3796 NICHOLSON DRIVE<br>BATON ROUGE, LA 70802                                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,000     |
| MAGNOLIA HIGH SCHOOL<br>1402 HIGH SCHOOL DRIVE<br>MAGNOLIA, AR 717530649                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 300       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| MAGNOLIA SPECIALIZED SERVICES INC<br>PO BOX 595<br>MAGNOLIA, AR 717540595                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| MARY BIRD PERKINS CANCER CENTER<br>4950 ESSEN LANE<br>BATON ROUGE, LA 708093738                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| MISSOURI HEALTH CARE FOR ALL<br>PO BOX 190429<br>SAINT LOUIS, MO 631196429                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| MISSOURI UNIVERSITY OF SCIENCE & TECHNOLOGY<br>1200 N PINE ST<br>ROLLA, MO 65409                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| NAMI MERCER NJ INC<br>1235 WHITEHORSE MERCERVILLE RD<br>LAWRENCEVILLE, NJ 086481305                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| NATIONAL MUSEUM OF WOMEN IN THE ARTS INC<br>1250 NEW YORK AVE NW<br>WASHINGTON, DC 200053970             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| OLIVER GOSPEL MISSION<br>1100 TAYLOR SREET<br>COLUMBIA, SC 292010000                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| OMNI MONTESSORI SCHOOL<br>9536 BLAKENEY HEATH RD<br>CHARLOTTE, NC 282775670                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| OPERA LOUISIANEPOBOX 4908<br>BATON ROUGE, LA 70821                                                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 550       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                         |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                        |                                                                                                           |                                |                                  |           |
| ORANGEBURG CALHOUN FREE MEDICAL CLINIC<br>PO BOX 505<br>ORANGEBURG, SC 291160505                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| OUR LADY OF MERCY CATHOLIC CHURCH<br>445 MARQUETTE AVENUE<br>BATON ROUGE, LA 70806                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,500     |
| ROMAN CATHOLIC CHURCH OF THE DIOCESE OF BATON ROUGE DEPOSIT & L<br>PO BOX 2028<br>BATON ROUGE, LA 708212028 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| <b>Total . . . . . ▶ 3a</b>                                                                                 |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| SAINT ALOYSIUS CATHOLIC CHURCH<br>2025 STUART AVENUE<br>BATON ROUGE, LA 70808                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 850       |
| SOCIETY OF ST VINCENT DE PAUL<br>P O BOX 127<br>BATON ROUGE, LA 70821                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 850       |
| SOUTHERN ARKANSAS UNIVERSITY<br>FOUNDATION INC<br>100 E UNIVERSITY MSC 9174<br>MAGNOLIA, AR 71753        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                                                 |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                                                |                                                                                                           |                                |                                  |           |
| ST FRANCIS HOUSE INC2701 S ELM ST<br>LITTLE ROCK, AR 722046339                                                                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 300       |
| ST JUDE CHILDRENS RESEARCH<br>HOSPITAL INC<br>501 ST JUDE PLACE ATTN MATCHING<br>GIFTS<br>MEMPHIS, TN 381053678                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| THE UNIVERSITY OF TEXAS AT AUSTIN<br>- FRIENDS OF ALEC (COCKRELL<br>SCHOOL OF ENG<br>1 UNIVERSITY STATION C2104<br>AUSTIN, TX 78712 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 150       |
| <b>Total . . . . . ▶ 3a</b>                                                                                                         |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                                     |                                                                                                           |                                |                                  |           |
| TYRONE CHURCH OF THE GOOD SHEPHERD<br>1650 CLAY AVENUE<br>TYRONE, PA 16686                                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| UNITED CEREBRAL PALSY ASSOCIATION OF GREATER BATON ROUGE INC DBA MCMAINS<br>1805 COLLEGE DR<br>BATON ROUGE, LA 708081919 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,600     |
| UNITED SERVICE ORGANIZATIONS INC<br>2111 WILSON BLVD STE 1200<br>ARLINGTON, VA 222013052                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| <b>Total . . . . . ▶ 3a</b>                                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                        |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                       |                                                                                                           |                                |                                  |           |
| UNIVERSITY OF ARKANSAS FOUNDATION INC<br>535 RESEARCH CENTER BOULEVARD<br>NO<br>FAYETTEVILLE, AR 727016922 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| UNIVERSITY OF HOUSTON FOUNDATION<br>4543 POST OAK PLACE 250<br>HOUSTON, TX 77027                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| UNIVERSITY OF VIRGINIA LAW SCHOOL FOUNDATION<br>580 MASSIE RD<br>CHARLOTTESVLE, VA 229031738               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,000     |
| <b>Total . . . . . ► 3a</b>                                                                                |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| VOLUNTEERS IN PUBLIC SCHOOLS INC<br>4070 TUNICA ST<br>BATON ROUGE, LA 70805                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 300       |
| WE CARE INC<br>06321 BLUE STAR MEMORIAL HWY<br>SOUTH HAVEN, MI 490907775                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| WEST FELICIANA HISTORICAL SOCIETY<br>PO BOX 338<br>ST FRANCISVLE, LA 707750338                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 75        |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| WIKIMEDIA FOUNDATION INC<br>PO BOX 98204<br>WASHINGTON, DC 200908204                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| WOMAN'S NEW LIFE CENTER<br>760 COLONIAL DRIVE<br>BATON ROUGE, LA 70806                                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| WOUND WARRIOR PROJECT INC<br>4899 BELFORT RD STE 300<br>JACKSONVILLE, FL 32256                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| YELLOWSTONE FOREVER<br>222 E MAIN ST STE 301<br>BOZEMAN, MT 597154764                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| GREATER BATON ROUGE FOOD BANK INC<br>PO BOX 45830<br>BATON ROUGE, LA 708954830                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 8,040     |
| BATON ROUGE LUTHERAN SCHOOL<br>10925 FLORIDA BLVD<br>BATON ROUGE, LA 708152009                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                                          |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                                         |                                                                                                           |                                |                                  |           |
| BEST FRIENDS ANIMAL SOCIETY<br>5001 ANGEL CANYON RD<br>KANAB, UT 847415000                                                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| BIBLE BROADCASTING NETWORK<br>INCORPORATED<br>11530 CARMEL COMMONS BLVD<br>CHARLOTTE, NC 282263976                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| BROTHERS OF THE CHRISTIAN<br>SCHOOLS DISTRICT OF EASTERN<br>NORTH AMERICA<br>444-A ROUTE 35 SOUTH<br>EATONTOWN, NJ 077242200 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . . ▶ 3a</b>                                                                                                  |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| CAT HAVEN INC<br>11130 N HARRELLS FERRY RD<br>BATON ROUGE, LA 708168307                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 300       |
| CATHOLIC HIGH SCHOOL<br>855 HEARTHSTONE DRIVE<br>BATON ROUGE, LA 708065512                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| CENTRAL BAPTIST CHURCH<br>207 W UNION<br>MAGNOLIA, AR 717532833                                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 3,750     |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| CHINESE CHRISTIAN CHURCH OF BATON ROUGE<br>10011 OLD HAMMOND HWY<br>BATON ROUGE, LA 708168256            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,000     |
| COMPANION ANIMAL ALLIANCE<br>2680 PROGRESS ROAD<br>BATON ROUGE, LA 70807                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| CONCORDIA UNIVERSITY NEBRASKA<br>800 N COLUMBIA AVE<br>SEWARD, NE 684341500                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| COVENANT DAY SCHOOL INC<br>800 FULLWOOD RD<br>MATTHEWS, NC 281052661                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| EPISCOPAL HIGH SCHOOL<br>3200 WOODLAND RIDGE BLVD<br>BATON ROUGE, LA 708162743                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| EXODUS CHURCHPO BOX 126<br>BELMONT, NC 280120126                                                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 495       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| GREATER BATON ROUGE FOOD BANK<br>INC<br>PO BOX 45830<br>BATON ROUGE, LA 708954830                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 525       |
| GREERS CHAPEL UMC800 COLUMBIA 47<br>MAGNOLIA, AR 71753                                                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 3,050     |
| KANGA KIDS INC4601 NORAS PATH RD<br>CHARLOTTE, NC 282263464                                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 150       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| KM ELITE TRAILBLAZERS<br>322 LANDRY DR<br>KINGS MOUNTAIN, NC 28086                                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 685       |
| KNOCK KNOCK CHILDREN'S MUSEUM<br>1900 DALRYMPLE DR<br>BATON ROUGE, LA 708082024                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| LSU ALUMNI ASSOCIATION<br>3838 W LAKESHORE DR<br>BATON ROUGE, LA 708084600                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,050     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| MANNA FOOD BANK INC<br>627 SWANNANOA RIVER RD<br>ASHEVILLE, NC 288052445                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| MASSACHUSETTS INSTITUTE OF TECHNOLOGY<br>600 MEMORIAL DRIVE W98-200<br>CAMBRIDGE, MA 021394822           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES<br>1115 MISSION ST<br>SANTA CRUZ, CA 950603526     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 100       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| MURRAY STATE UNIVERSITY<br>FOUNDATION<br>100 NASH HOUSE<br>MURRAY, KY 420713316                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| NUTRITIONFACTS ORG INC<br>3913 HAMPDEN ST<br>KENSINGTON, MD 208952006                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| OUR LADY OF MERCY CATHOLIC<br>CHURCH<br>445 MARQUETTE AVENUE<br>BATON ROUGE, LA 70806                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,200     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                            |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                           |                                                                                                           |                                |                                  |           |
| OUR LADY OF MERCY ELEM SCHOOL<br>400 MARQUETTE AVENUE<br>BATON ROUGE, LA 708064421                             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| PARTICULAR COUNCIL OF ST VINCENT<br>DE PAUL OF BATON ROUGE LOUSIANA<br>PO BOX 127<br>BATON ROUGE, LA 708210127 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| PUBLIC RADIO INC<br>3050 VALLEY CREEK DR<br>BATON ROUGE, LA 708083145                                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 400       |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                             |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| SAINT ANNE CATHOLIC SCHOOL<br>1698 BIRD STREET<br>ROCK HILL, SC 29730                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,500     |
| SMACKOVER ELEMENTARY SCHOOL<br>701 MAGNOLIA ST<br>SMACKOVER, AR 717621703                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 125       |
| SOCIETY OF ST VINCENT DE PAUL<br>P O BOX 127<br>BATON ROUGE, LA 70821                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                                |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                               |                                                                                                           |                                |                                  |           |
| SOUTH CAROLINA STATE UNIVERSITY FOUNDATION INC<br>PO BOX 7187<br>ORANGEBURG, SC 291170001                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 202       |
| SOUTH DAKOTA SCHOOL OF MINES AND TECHNOLOGY FOUNDATION<br>306 EAST ST JOSEPH SUITE 200<br>RAPID CITY, SD 577013901 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| SOUTHERN POVERTY LAW CENTER INC<br>400 WASHINGTON AVE<br>MONTGOMERY, AL 361044344                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| <b>Total . . . . . ▶ 3a</b>                                                                                        |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| ST ANDREWS UMC<br>1980 COLUMBIA ROAD<br>ORANGEBURG, SC 29115                                             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| THE ADMINISTRATORS OF THE TULANE EDUCATIONAL FUND<br>6823 ST CHARLES AVENUE<br>NEW ORLEANS, LA 701185665 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| THE SAINT LOUIS ZOO FOUNDATION<br>1 GOVERNMENT DR<br>SAINT LOUIS, MO 631101332                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 75        |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| THE SALVATION ARMY OF GREATER BATON ROUGE<br>PO BOX 15467<br>BATON ROUGE, LA 70895                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| THE UNIVERSITY OF TEXAS FOUNDATION<br>PO BOX 250<br>AUSTIN, TX 787670250                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 700       |
| THOMAS MORE PREP MARIAN HIGH SCHOOL<br>1701 HALL STREET<br>HAYS, KS 676013145                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                                     |                                                                                                           |                                |                                  |           |
| UNITED CEREBRAL PALSY ASSOCIATION OF GREATER BATON ROUGE INC DBA MCMAINS<br>1805 COLLEGE DR<br>BATON ROUGE, LA 708081919 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,500     |
| UNITED HOUSE OF PRAYER FOR ALL PEOPLE OF THE CHURCH ON THE ROCK<br>1665 N PORTAL DR NW<br>WASHINGTON, DC 200121053       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| UNIVERSITY OF SAN FRANCISCO<br>2130 FULTON STREET<br>SAN FRANCISCO, CA 94117                                             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| <b>Total . . . . . ▶ 3a</b>                                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| UNIVERSITY OF TEXAS FOUNDATION -<br>UT MD ANDERSON CANCER CENTER<br>PO BOX 250<br>AUSTIN, TX 787670250   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 50        |
| LAUREN SAVOY OLINDE FOUNDATION<br>1146 CLUB PL<br>BATON ROUGE, LA 708105248                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 250       |
| CENTRAL BAPTIST CHURCH<br>207 W UNION<br>MAGNOLIA, AR 717532833                                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| ST PATRICK ROMAN CATHOLIC CHURCH<br>12424 BROGDON LN<br>BATON ROUGE, LA 70816                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,000     |
| ST ISIDORE CHURH - PANTRY<br>5657 THOMAS RD<br>BATON ROUGE, LA 70811                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| SOUTH HAVEN PUBLIC SCHOOLS<br>554 GREEN STREET<br>SOUTH HAVEN, MI 490901491                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| RUDD CROSSING FIRE DEPARTMENT<br>P O BOX 1620<br>MAGNOLIA, AR 71754                                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,000     |
| PARKVIEW ELEMENTARY SCHOOL<br>5660 PARK FOREST<br>BATON ROUGE, LA 70816                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| NORTHSIDE HUMANE SOCIETY<br>5586 LINE RD<br>ETHEL, LA 707303317                                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                                    |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                                   |                                                                                                           |                                |                                  |           |
| MATTAWAN LIONS CLUB FOUNDATION<br>PO BOX 84<br>MATTAWAN, MI 49071                                                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| MARY BIRD PERKINS CANCER CENTER<br>4950 ESSEN LANE<br>BATON ROUGE, LA 708093738                                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| JUNIOR ACHIEVEMENT OF GREATER<br>BATON ROUGE & ACADIANNA INC<br>7809 JEFFERSON HWY STE D4<br>BATON ROUGE, LA 708091200 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| <b>Total . . . . . ▶ 3a</b>                                                                                            |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                         |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                        |                                                                                                           |                                |                                  |           |
| ISTROUMA AREA COUNCIL<br>9644 BROOKLINE AVE<br>BATON ROUGE, LA 708091432                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| HABITAT FOR HUMANITY OF GREATER BATON ROUGE INC<br>6554 FLORIDA BLVD SUITE 200<br>BATON ROUGE, LA 708064474 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| FUTURE FARMERS OF AMERICA STATE ASSOCIATIONS & LOCAL CHAPTER<br>212 GRAYSON ST<br>EMERSON, AR 717400000     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                                 |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| FAMILY PROMISE OF YORK COUNTY INC<br>404 E MAIN ST<br>ROCK HILL, SC 297305321                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| EAST BATON ROUGE MASTER GARDENER ASSOCIATION<br>4560 ESSEN LN<br>BATON ROUGE, LA 708093424               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| ASBURY UNITED METHODIST CHURCH<br>5354 SPACE CENTER BLVD<br>PASADENA, TX 77505                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| ACACIA CHURCH OF BATON ROUGE INC<br>10051 SIEGEN LN<br>BATON ROUGE, LA 708104922                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,000     |
| AUTISM SOCIETY OF AMERICA<br>PO BOX 14587<br>BATON ROUGE, LA 708984587                                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| CLEMSON UNIVERSITY FOUNDATION<br>PO BOX 1889<br>CLEMSON, SC 296331889                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| EMERSON COMMUNITY SERVICE ORGANIZATION<br>PO BOX 164<br>EMERSON, AR 71740                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| EMERSON HIGH SCHOOLPO BOX 129<br>EMERSON, AR 71740                                                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| EMERSON HIGH SCHOOL<br>EMERSONTAYLORBRADLEY SCHOOL DISTRICT<br>212 GRAYSON STREET<br>EMERSON, AR 71740   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| FAMILIES & CHILDREN TOGETHER INC<br>2720 VINE ST<br>EL DORADO, AR 717306700                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| GIRL SCOUT TROOP # 10233<br>10324 WINTERHUE DR<br>BATON ROUGE, LA 70810                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| GREERS CHAPEL UMC800 COLUMBIA 47<br>MAGNOLIA, AR 71753                                                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| KEYSTONE SPORTSMAN FOR YOUTH INC<br>PO BOX 1081<br>ALTOONA, PA 166031081                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| WORLD HARVEST CHURCH OF KALAMAZOO INC<br>2775 S 26TH ST<br>KALAMAZOO, MI 490489610                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| EMERSON HIGH SCHOOL212 GRAYSON<br>EMERSON, AR 71740                                                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| REGENER8 OUTREACH MINISTRY<br>2048 N JACKSON<br>MAGNOLIA, AR 717532056                                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| VOLUNTEERS IN PUBLIC SCHOOLS INC<br>3000 NORTH SHERWOOD FOREST DR<br>RM 68<br>BATON ROUGE, LA 70814      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| GREATER MATTHEWS HABITAT FOR HUMANITY<br>PO BOX 2008<br>MATTHEWS, NC 281062008                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| TEAM 3753 PARKVIEW BAPTIST SCHOOL<br>5750 PARKVIEW CHURCH ROAD<br>BATON ROUGE, LA 708166050              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| ST ANDREWS UNITED METHODIST CHURCH<br>17510 MONITOR AVE<br>BATON ROUGE, LA 70817                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| BOY SCOUTS OF AMERICA<br>1995 HOLLYWOOD DR<br>JACKSON, TN 383054324                                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| BOYS & GIRLS OF MAGNOLIA<br>PO BOX 811<br>MAGNOLIA, AR 717540811                                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| TEAM 3753 PARKVIEW BAPTIST SCHOOL<br>5750 PARKVIEW CHURCH ROAD<br>BATON ROUGE, LA 708166050              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| WATERVLIET SENIOR HIGH SCHOOL<br>450 E RED ARROW HIGHWAY<br>WATERVLIET, MI 490989350                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| BATON ROUGE AREA FOUNDATION<br>100 NORTH STREET SUITE 900<br>BATON ROUGE, LA 70802                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 4,000     |
| CAPITAL AREA CASA ASSOCIATION<br>848 LOUISIANA AVE<br>BATON ROUGE, LA 708025927                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| AMERICAN HEART ASSOCIATION INC<br>128 SOUTH TRYON STREET SUITE 1588<br>CHARLOTTE, NC 28202               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,490     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| EMERSON ELEMENTARY SCHOOL<br>508 WEST MAIN<br>EMERSON, AR 71740                                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,000     |
| HABITAT FOR HUMANITY INTERNATIONAL INC<br>PO BOX 2411<br>GEORGETOWN, SC 294422411                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| SAFE IN HIS ARMS<br>571 DUNCAN STATION DR<br>DUNCAN, SC 293348947                                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| SCOTLANDVILLE MAGNET HIGH SCHOOL<br>9870 SCOTLAND AVENUE<br>BATON ROUGE, LA 70807                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| WATERVLIET SENIOR HIGH SCHOOL<br>450 E RED ARROW HIGHWAY<br>WATERVLIET, MI 490989350                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| WORLD HARVEST CHURCH OF KALAMAZOO INC<br>2775 S 26TH ST<br>KALAMAZOO, MI 490489610                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| ISTROUMA AREA COUNCIL<br>9644 BROOKLINE AVE<br>BATON ROUGE, LA 708091432                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| MONT BELVIEU ASSEMBLY OF GOD DBA<br>MERCYGATE CHURCH<br>PO BOX 40<br>MONT BELVIEU, TX 775800040          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| SOUTH HAVEN PUBLIC SCHOOLS<br>554 GREEN STREET<br>SOUTH HAVEN, MI 490901491                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| FRIENDS OF RAYSTOWN LAKE<br>80 PENN ST<br>HUNTINGDON, PA 166521454                                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| GARDERE COMMUNITY CHRISTIAN SCHOOL<br>6638 MILLSTONE AVE<br>BATON ROUGE, LA 708085114                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| FIRST TEE OF GREATER CHARLOTTE<br>2661 BARRINGER DR<br>CHARLOTTE, NC 282087033                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| CHILDREN'S CHARTER SCHOOL<br>1143 NORTH STREET<br>BATON ROUGE, LA 708024547                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| SOCIETY OF ST VINCENT DE PAUL<br>BATON ROUGE COUNCIL<br>PO BOX 127<br>BATON ROUGE, LA 708210127          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| WAVERLY HALL UMC167 ROSS ROAD<br>WAVERLY HALL, GA 31831                                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| COLUMBIA CHRISTIAN SCHOOL<br>250 WARNOCK SPRINGS ROAD<br>MAGNOLIA, AR 717539002                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| SIENNA STALLIONS YOUTH FOOTBALL INC<br>5680 HWY 6 NO 148<br>MISSOURI CITY, TX 774590000                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| SILVER PEAK FIRE DEPARTMENT<br>PO BOX 247<br>SILVER PEAK, NV 89047                                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 5,200     |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| DE SOTO AREA COUNCIL BOY SCOUTS OF AMERICA INC<br>118 WEST PEACH STREET<br>EL DORADO, AR 71730           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| SILVER PEAK FIRE DEPARTMENT<br>PO BOX 247<br>SILVER PEAK, NV 89047                                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| VOLUNTEERS IN PUBLIC SCHOOLS INC<br>3000 NORTH SHERWOOD FOREST DR<br>RM 68<br>BATON ROUGE, LA 70814      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| USO OF NC600 AIRPORT BLVD<br>MORRISVILLE, NC 27265                                                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 7,500     |
| JULIEN POYDRAS MUSEUM & ARTS COUNCIL<br>PO BOX 669<br>NEW ROADS, LA 70760                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| STEM ADVANCEMENT INCPO BOX 426<br>WOODVILLE, MS 39669                                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| TROOP 28 - BOY SCOUTS OF AMERICA<br>336 OLD NC 277 LOOP ROAD<br>DALLAS, NC 28034                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| NEW LIFE BAPTIST FELLOWSHIP<br>PO BOX 161539<br>BOILING SPGS, SC 293160026                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 5,000     |
| INNER WHEEL CLUB OF BATON ROUGE<br>17732 HIGHLAND ROAD STE G-BOX<br>157<br>BATON ROUGE, LA 708103813     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,000     |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                           |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                          |                                                                                                           |                                |                                  |           |
| HABITAT FOR HUMANITY OF GREATER BATON ROUGE INC<br>6554 FLORIDA BLVD SUITE 200<br>BATON ROUGE, LA 708064474   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,850     |
| MAKE-A-WISH FOUNDATION OF CENTRAL AND WESTERN NORTH CAROLINA INC<br>1131 HARDING PLACE<br>CHARLOTTE, NC 28204 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| H & P ANIMAL ALLIANCEPO BOX 1526<br>MAGNOLIA, AR 717541526                                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                                   |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| LOUISIANA BOXER RESCUE<br>8921 CAMILLE CT<br>RIVER RIDGE, LA 701233667                                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| HOT SPRINGS VILLAGE<br>WOODWORKERS INC<br>121 PIZARRO DRIVE<br>HOT SPRINGS, AR 719097927                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| DOOR STUDENT SERVICES INC<br>PO BOX 6<br>BELLWOOD, PA 166170006                                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| FAITH EVANGELICAL LUTHERAN CHURCH<br>1035 POLAND AVENUE<br>ALTOONA, PA 166019521                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| KINGS MOUNTAIN HIGH SCHOOL - CLEVELAND COUNTY SCHOOLS<br>500 PHIFER ROAD<br>KINGS MOUNTAIN, NC 28086     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| YORK COMPREHENSIVE HIGH SCHOOL BANDS<br>275 EAST ALEXANDER LOVE HIGHWA<br>YORK, SC 29745                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> Paid during the year                                                                            |                                                                                                           |                                |                                  |           |
| EDISTO HABITAT FOR HUMANITY INC<br>PO BOX 2489<br>ORANGEBURG, SC 291162489                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| SMACKOVER ELEMENTARY SCHOOL<br>701 MAGNOLIA ST<br>SMACKOVER, AR 717621703                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| ST BERNADETTE CATHOLIC CHURCH<br>15500 EL CAMINO REAL<br>HOUSTON, TX 77062                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| CENTRAL BAPTIST CHURCH<br>207 W UNION<br>MAGNOLIA, AR 717532833                                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| TYRONE BOROUGH<br>1100 LOGAN AVENUE<br>TYRONE, PA 16686                                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 5,000     |
| CLOVER HIGH SCHOOL CHORAL BOOSTER CLUB<br>PO BOX 836<br>CLOVER, SC 297100836                             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| WILLIAMS TEMPLE CHURCH OF GOD IN CHRIST INC<br>2524 DELANO ST<br>HOUSTON, TX 770041638                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| CITY OF TAYLORPO BOX 307<br>TAYLOR, AR 71861                                                             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| BLAZING ARROW HOOK & LADDER CO<br>1216 BLAIR AVE<br>TYRONE, PA 166861606                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,200     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| STATE COLLEGE YOUTH FOOTBALL LEAGUE<br>210 W HAMILTON AVENUE BOX 195<br>STATE COLLEGE, PA 16801          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| GIRL SCOUTS - DIAMONDS OF ARKANSAS OKLAHOMA AND TEXAS<br>1500 E UNIVERSITY<br>MAGNOLIA, AR 71753         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| EMERSON HIGH SCHOOL<br>EMERSONTAYLORBRADLEY SCHOOL DISTRICT<br>212 GRAYSON STREET<br>EMERSON, AR 71740   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| DAVE BARR FOUNDATION<br>PO BOX 8633<br>BODFISH, CA 932058633                                             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| CANCER SERVICES OF GREATER BATON ROUGE<br>550 LOBDELL AVE<br>BATON ROUGE, LA 708066316                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| THE ELM<br>1351 LOGAN AVENUE<br>TYRONE, PA 16686                                                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| BEST FRIENDS ANIMAL SOCIETY<br>5001 ANGEL CANYON RD<br>KANAB, UT 847415000                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| SILVER PEAK FIRE DEPARTMENT<br>PO BOX 247<br>SILVER PEAK, NV 89047                                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 3,500     |
| I AM THAT GIRL4425 BLECKER DRIVE<br>BATON ROUGE, LA 70809                                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| DOOR STUDENT SERVICES INC<br>PO BOX 6<br>BELLWOOD, PA 166170006                                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| CHICKEN MISSION FARMS<br>581 FM 2610 RD<br>CLEVELAND, TX 773273018                                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| CANCER SERVICES OF GREATER BATON ROUGE<br>550 LOBDELL AVE<br>BATON ROUGE, LA 708066316                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| MOST BLESSED SACRAMENT SCHOOL<br>8033 BARINGER ROAD<br>BATON ROUGE, LA 708176012                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| LIVE OAK BAPTIST CHURCH<br>35603 COXE AVE<br>DENHAM SPRINGS, LA 70706                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| EMERSON HIGH SCHOOL<br>EMERSONTAYLORBRADLEY SCHOOL DISTRICT<br>212 GRAYSON STREET<br>EMERSON, AR 71740   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| MUSTANG BAND BOOSTER CLUB<br>PO BOX 805<br>FRIENDSWOOD, TX 775490805                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| CHICKEN MISSION FARMS<br>581 FM 2610 RD<br>CLEVELAND, TX 773273018                                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| FOTOTAZO3821 LYNN AVE<br>ST LOUIS PARK, MN 554164947                                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                         |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                        |                                                                                                           |                                |                                  |           |
| EPISCOPAL HIGH SCHOOL<br>3200 WOODLAND RIDGE BLVD<br>BATON ROUGE, LA 708162743                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| BATON ROUGE AFFILIATE OF SUSAN G KOMEN FOR THE CURE<br>6120 PERKINS ROAD SUITE 300<br>BATON ROUGE, LA 70808 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| CHILDREN'S CHARTER ELEMENTARY SCHOOL<br>1143 NORTH STREET<br>BATON ROUGE, LA 70802                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                                 |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                         |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                        |                                                                                                           |                                |                                  |           |
| THE UNIVERSITY OF TENNESSEE FOUNDATION INC<br>1525 UNIVERSITY AVENUE<br>KNOXVILLE, TN 37921                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,000     |
| AMERICAN CANCER SOCIETY INC<br>10528 KENTSHIRE COURT<br>BATON ROUGE, LA 70810                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| HABITAT FOR HUMANITY OF GREATER BATON ROUGE INC<br>6554 FLORIDA BLVD SUITE 200<br>BATON ROUGE, LA 708064474 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| <b>Total . . . . . ▶ 3a</b>                                                                                 |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                                       |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                                      |                                                                                                           |                                |                                  |           |
| LOUISIANA SYMPHONY ASSOCIATION<br>DBA BATON ROUGE SYMPHONY ORCHESTRA<br>9635 FENWAY AVENUE STE B<br>BATON ROUGE, LA 70809 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,000     |
| CALHOUN COMMUNITY VOLUNTEER<br>FIRE DEPARTMENT<br>60 COLUMBIA 25<br>MAGNOLIA, AR 71753                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,500     |
| CYSTIC FIBROSIS FOUNDATION<br>10532 S GLENSTONE SUITE C<br>BATON ROUGE, LA 70810                                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                                               |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| THE BRIGHTON SCHOOL<br>12108 PARKMEADOW AVENUE<br>BATON ROUGE, LA 708164627                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| BAPS CHARITIES INC81 SUTTONS LN<br>PISCATAWAY, NJ 088545723                                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| UNITY CHURCH MAGNOLIAPO BOX 827<br>MAGNOLIA, AR 71754                                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| AUTISM SOCIETY OF AMERICA<br>PO BOX 14587<br>BATON ROUGE, LA 708984587                                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| LAURENS COUNTY 4-H VOLUNTEER<br>ADVISORY COUNCIL<br>219 W LAURENS ST<br>LAURENS, SC 293602905            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| HOUSTON INDIAN FELLOWSHIP<br>11306 DAWNHEATH DR<br>CYPRESS, TX 774332195                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| HABITAT FOR HUMANITY INTERNATIONAL INC<br>6554 FLORIDA BLVD STE 200<br>BATON ROUGE, LA 708064474         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| BREC FOUNDATION6201 FLORIDA BLVD<br>BATON ROUGE, LA 708064467                                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| CALHOUN COMMUNITY CLUB INC<br>60 COLUMBIA ROAD 25<br>MAGNOLIA, AR 717539139                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| CALHOUN COMMUNITY VOLUNTEER<br>FIRE DEPARTMENT<br>60 COLUMBIA 25<br>MAGNOLIA, AR 71753                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,200     |
| CITY OF TAYLORPO BOX 307<br>TAYLOR, AR 71861                                                             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| CLEMSON UNIVERSITY FOUNDATION<br>PO BOX 1889<br>CLEMSON, SC 296331889                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| CREATORSPACE120 PARK AVE<br>LEAGUE CITY, TX 775732446                                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| FRIENDS OF THE ANIMALS BR INC<br>8476 HIGHLAND RD<br>BATON ROUGE, LA 708086846                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| GREATER BATON ROUGE FOOD BANK<br>INC<br>10600 S CHOCTAW DR<br>BATON ROUGE, LA 708151826                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                                    |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                                   |                                                                                                           |                                |                                  |           |
| HABITAT FOR HUMANITY OF GREATER BATON ROUGE INC<br>6554 FLORIDA BLVD SUITE 200<br>BATON ROUGE, LA 708064474            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| INNER WHEEL CLUB OF BATON ROUGE<br>17732 HIGHLAND ROAD STE G-BOX 157<br>BATON ROUGE, LA 708103813                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| LOUISIANA SYMPHONY ASSOCIATION DBA BATON ROUGE SYMPHONY ORCHESTRA<br>9635 FENWAY AVENUE STE B<br>BATON ROUGE, LA 70809 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| <b>Total . . . . . ▶ 3a</b>                                                                                            |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| MATTAWAN LIONS CLUB FOUNDATION<br>PO BOX 84<br>MATTAWAN, MI 49071                                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| NAMI MERCER NJ INC<br>1235 WHITEHORSE MERCERVILLE RD<br>LAWRENCEVILLE, NJ 086481305                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| RUDD CROSSING FIRE DEPARTMENT<br>P O BOX 1620<br>MAGNOLIA, AR 71754                                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| SOUTH LIVE OAK ELEMENTARY SCHOOL<br>PO BOX 500<br>WATSON, LA 70786                                       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| ST JEAN VIANNEY CATHOLIC SCHOOL<br>16266 S HARRELLS FERRY ROAD<br>BATON ROUGE, LA 70816                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| TYRONE CHURCH OF THE GOOD SHEPHERD<br>1650 CLAY AVENUE<br>TYRONE, PA 16686                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| WESLEY UNITED METHODIST CHURCH<br>1200 LOGAN AVE<br>TYRONE, PA 166861626                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| YORK COMPREHENSIVE HIGH SCHOOL<br>BANDS<br>275 EAST ALEXANDER LOVE HIGHWA<br>YORK, SC 29745              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| BISHOP CARROLL HIGH SCHOOL<br>728 BEN FRANKLIN HWY<br>EBENSBURG, PA 15931                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| CALHOUN COMMUNITY CLUB INC<br>60 COLUMBIA ROAD 25<br>MAGNOLIA, AR 717539139                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 200       |
| GARDERE COMMUNITY CHRISTIAN SCHOOL<br>6638 MILLSTONE AVE<br>BATON ROUGE, LA 708085114                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| NORTHSIDE HUMANE SOCIETY<br>5586 LINE RD<br>ETHEL, LA 707303317                                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                                            |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                                           |                                                                                                           |                                |                                  |           |
| SOCIETY OF ST VINCENT DE PAUL<br>P O BOX 127<br>BATON ROUGE, LA 70821                                                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| STEPHENS FIRE DEPARTMENT<br>217 SOUTH 2ND STREET<br>STEPHENS, AR 71764                                                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| UNITED CEREBRAL PALSY<br>ASSOCIATION OF GREATER BATON<br>ROUGE INC DBA MCMAINS<br>1805 COLLEGE DR<br>BATON ROUGE, LA 708081919 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                                                    |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| WAVERLY UNITED METHODIST CHURCH<br>115 W MAIN ST<br>WAVERLY, TN 371851556                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| WILKINSON COUNTY CHRISTIAN ACADEMY<br>PO BOX 977<br>WOODVILLE, MS 396690977                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| COLUMBIA COUNTY SENIOR MEAL SERVICES INC<br>PO BOX 476<br>MAGNOLIA, AR 717540476                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 1,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| MR RAY BALUSEK2821 DOW CIRCLE<br>DEER PARK, TX 77536                                                     | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| VICKI AULTS519 4TH STREET<br>TYRONE, PA 16686                                                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| ROXANNE FRIDAY<br>5901 KINTYRE COURT NW<br>CONCORD, NC 28027                                             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| MR DENE HADDEN260 ITZEN DRIVE<br>SOUTH HAVEN, MI 49090                                                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| JAN SHERMAN1710 SUNSET BLVD<br>MAGNOLIA, AR 71753                                                        | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 500       |
| ALEXANDER LOCKWOOD CLEMSON<br>VUNIVERSITY<br>BOX 345307<br>CLEMSON, SC 296345307                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| ALLYSON LUTGRING LUISIANA STATE UNIVERSITY<br>125 THOMAS BOYD HALL<br>BATON ROUGE, LA 70803              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| ANDREW MCGEE NC STATE UNIVERSITY<br>2016 HARRIS HALL<br>RALEIGH, NC 27695                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| ANNA DEMANN SPRING ARBOR UNIVERSITY<br>106 EAST MAIN STREET<br>SPRING ARBOR, MI 49283                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| BRIANNA SALOME CALVIN COLLEGE<br>3201 BURTON SE<br>GRAND RAPIDS, MI 49546                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| MARISOL SALTOGRAND VALLEY STATE UNIVERSITY<br>4381 JENKS HWY<br>EATON RAPIDS, MI 48827                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 5,000     |
| CALEIGH HUNTERSOUTHERN ARKANSAS UNIVERISTY<br>3 WOODLAWN<br>MAGNOLIA, AR 71753                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                                   |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                                  |                                                                                                           |                                |                                  |           |
| CARA ROMANO UNIVERSITY OF CHAPEL HILL<br>450 RIDGE ROAD SUITE 2215 SASB<br>NORTH CB 1400<br>CHAPEL HILL, NC 275991400 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| EVAN SATTLERPURDUE UNIVERSITY<br>610 PURDUE MALL<br>WEST LAFAYETTE, IN 47907                                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| GEORGE BURASUNITED STATES AIR FORCE ACADEMY<br>2304 CADET DRIVE<br>UNITED STATES AIR FORC, CO<br>808405035            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| <b>Total . . . . . ▶ 3a</b>                                                                                           |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| DOMINIQUE LEANOUS AIR FORCE ACADEMY<br>2304 CADET DRIVE<br>UNITED STATES AIR FORC, CO 808405035          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| JACOB STONE LENOIR-RHYNE UNIVERSITY<br>625 7TH AVENUE NE<br>HICKORY, NC 28601                            | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| JEFFREY LIU UC BERKLEY<br>3828 TWELVE OAKS AVENUE<br>BATON ROUGE, LA 70820                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| JEREMY BAILEY LETOURNEAU<br>UNIVERSITY<br>PO BOX 7001<br>LONGVIEW, TX 75607                              | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| JOSEPH BIGLER AUBURN UNIVERSITY<br>115 QUAD CENTER<br>AUBURN, AL 36849                                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| JULIA POWER LSU7 HIDDEN OAK LANE<br>BATON ROUGE, LA 70810                                                | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| LAUREN RESH MORAVIAN COLLEGE<br>1200 MAIN STREET<br>BETHLEHEM, PA 18018                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| LONDON MCCLURE UNIVERSITY OF ARKANSAS<br>4060 HWY 371 N<br>WALDO, AR 71770                               | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| MADELINE SPEARMANLSU<br>125 THOMAS BOYD HALL<br>BATON ROUGE, LA 70803                                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| MAKAYLA MCGUFFIN WAYNE STATE UNIVERSITY<br>PO BOX 2340<br>DETROIT, MI 482020340                          | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| TAYLOR BOYKIN LSU5343 LESAGE GREENWELL SPRINGS, LA 70739                                                 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 5,000     |
| MATTHEW BERDON FORDHAM UNIVERSITY<br>17561 BROOKFIELD AVENUE<br>BATON ROUGE, LA 70817                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| MATTHEW COCHRAN TEXAS A &M UNIVERSITY<br>PO BOX 30016<br>COLLEGE STATION, TX 778423016                   | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| MORGAN BLACK GRAND VALLEY STATE UNIVERSITY<br>1 CAMPUS DRIVE<br>ALLENDALE, MI 49401                      | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| MORGAN FABBER VANDEBILT UNIVERSITY<br>2309 WEST END AVENUE<br>NASHVILLE, TN 372031725                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| <b>Total . . . . .</b>                                                                                   |                                                                                                           |                                | <b>▶ 3a</b>                      | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                                  |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                                 |                                                                                                           |                                |                                  |           |
| MORGAN PALMER UNIVERSITY CHAPEL HILL<br>450 RIDGE ROAD SUITE 2215 SASB<br>NORTH CB 1400<br>CHAPEL HILL, NC 275991400 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| NATHANIEL THOMPSONPEPPERDINE UNIVERSITY<br>24255 PACIFIC COAST HIGHWAY<br>MALIBU, CA 90263                           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| THOMAS KERSEY UNIVERSITY OF TEXAS<br>3900 UNIVERSITY BLVD<br>TYLER, TX 75799                                         | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 5,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                                          |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| MARISA ASSINK LAWRENCE<br>TECHNOLOGICAL UNIVERSITY<br>21000 W 10 MILE ROAD<br>SOUTHFIELD, MI 48075       | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| ORLANDO OCANTOUNIVERSITY OF FLORIDA<br>10952 NW 47TH LANE<br>DORAL, FL 33178                             | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| RUIZHE TANGUNIVERSITY OF CALIFORNIA<br>PO BOX 989062<br>WEST SACRAMENTO, CA 957989062                    | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 5,564,358 |

| 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                             |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                            |                                                                                                           |                                |                                  |           |
| SKYLA OGILVIE OFFICE OF STUDENT FINANCIAL AID AND SCHOLARSHIPS<br>MAILSTOP 0076<br>RENO, NV 895570076           | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| STEPHANIE WILLIAMS SOUTHEASTERN UNIVERSITY<br>900A WEST UNIVERSITY AVENUE SLU BOX<br>10768<br>HAMMOND, LA 70402 | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| ZOE PSIAKISVANDEBILT UNIVERSITY<br>2309 WEST END AVENUE<br>NASHVILLE, TN 37203                                  | N/A                                                                                                       | PC                             | PROGRAM ASSISTANCE               | 2,500     |
| <b>Total . . . . . ► 3a</b>                                                                                     |                                                                                                           |                                |                                  | 5,564,358 |

**TY 2018 Accounting Fees Schedule****Name:** ALBEMARLE FOUNDATION**EIN:** 20-4798471

| <b>Category</b>                   | <b>Amount</b> | <b>Net Investment<br/>Income</b> | <b>Adjusted Net<br/>Income</b> | <b>Disbursements<br/>for Charitable<br/>Purposes</b> |
|-----------------------------------|---------------|----------------------------------|--------------------------------|------------------------------------------------------|
| TAX CONSULTING AND<br>PREPARATION | 9,500         | 0                                |                                | 9,500                                                |

**TY 2018 Investments Corporate Bonds Schedule****Name:** ALBEMARLE FOUNDATION**EIN:** 20-4798471**Investments Corporate Bonds Schedule**

| <b>Name of Bond</b>              | <b>End of Year Book Value</b> | <b>End of Year Fair Market Value</b> |
|----------------------------------|-------------------------------|--------------------------------------|
| CORPORATE BONDS (SEE ATTACHMENT) | 2,544,770                     | 2,544,770                            |

**TY 2018 Investments Corporate Stock Schedule****Name:** ALBEMARLE FOUNDATION**EIN:** 20-4798471**Investments Corporation Stock Schedule**

| <b>Name of Stock</b>             | <b>End of Year Book Value</b> | <b>End of Year Fair Market Value</b> |
|----------------------------------|-------------------------------|--------------------------------------|
| CORPORATE STOCK (SEE ATTACHMENT) | 7,794,091                     | 7,794,091                            |

**TY 2018 Investments Government Obligations Schedule****Name:** ALBEMARLE FOUNDATION**EIN:** 20-4798471**US Government Securities - End  
of Year Book Value:**

3,546,286

**US Government Securities - End  
of Year Fair Market Value:**

3,546,286

**State & Local Government  
Securities - End of Year Book  
Value:**

0

**State & Local Government  
Securities - End of Year Fair  
Market Value:**

0

## TY 2018 Investments - Other Schedule

**Name:** ALBEMARLE FOUNDATION

**EIN:** 20-4798471

### Investments Other Schedule 2

| Category/ Item          | Listed at Cost or FMV | Book Value | End of Year Fair Market Value |
|-------------------------|-----------------------|------------|-------------------------------|
| CERTIFICATE OF DEPOSITS | AT COST               | 6,847,495  | 6,847,495                     |

## TY 2018 Other Assets Schedule

**Name:** ALBEMARLE FOUNDATION

**EIN:** 20-4798471

### Other Assets Schedule

| Description        | Beginning of Year -<br>Book Value | End of Year - Book<br>Value | End of Year - Fair<br>Market Value |
|--------------------|-----------------------------------|-----------------------------|------------------------------------|
| DUE FROM ALBEMARLE | 51,200                            | 44,052                      | 44,052                             |

**TY 2018 Other Decreases Schedule**

**Name:** ALBEMARLE FOUNDATION  
**EIN:** 20-4798471

| Description              | Amount    |
|--------------------------|-----------|
| UNREALIZED GAINES/LOSSES | 1,323,522 |

**TY 2018 Other Expenses Schedule****Name:** ALBEMARLE FOUNDATION**EIN:** 20-4798471**Other Expenses Schedule**

| Description                   | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|-------------------------------|--------------------------------|-----------------------|---------------------|---------------------------------------|
| CAMPAIGN FUNDRAISING EXPENSE  | 43,105                         | 0                     |                     | 0                                     |
| EMPLOYEE VOLUNTEER PROGRAM    | 4,830                          | 0                     |                     | 4,830                                 |
| SCHOLARSHIP PROGRAM           | 2,500                          | 0                     |                     | 2,500                                 |
| OTHER GENERAL AND ADMIN       | 2,678                          | 0                     |                     | 2,678                                 |
| BANK AND CHECK FEES           | 7,572                          | 0                     |                     | 7,572                                 |
| AMORTIZATION OF BOND PREMIUMS | 5,168                          | 5,168                 |                     | 0                                     |
| INVESTMENT FEES               | 105,669                        | 105,669               |                     | 0                                     |
| INTEREST EXPENSE              | 3,880                          | 3,880                 |                     | 0                                     |

**TY 2018 Other Professional Fees Schedule****Name:** ALBEMARLE FOUNDATION**EIN:** 20-4798471

| <b>Category</b>         | <b>Amount</b> | <b>Net Investment<br/>Income</b> | <b>Adjusted Net<br/>Income</b> | <b>Disbursements<br/>for Charitable<br/>Purposes</b> |
|-------------------------|---------------|----------------------------------|--------------------------------|------------------------------------------------------|
| OTHER PROFESSIONAL FEES | 43,915        | 0                                |                                | 43,915                                               |

**TY 2018 Taxes Schedule****Name:** ALBEMARLE FOUNDATION**EIN:** 20-4798471

| Category      | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
|---------------|--------|--------------------------|------------------------|---------------------------------------------|
| EXCISE TAXES  | 21,962 | 0                        |                        | 0                                           |
| FOREIGN TAXES | 7,806  | 7,806                    |                        | 0                                           |
| PAYROLL TAXES | 25,722 | 0                        |                        | 25,722                                      |

|                                                                                                                              |                                                                                                                                                                                                 |                                                     |
|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>Schedule B</b><br>(Form 990, 990-EZ, or 990-PF)<br><small>Department of the Treasury<br/>Internal Revenue Service</small> | <b>Schedule of Contributors</b><br><br>▶ <b>Attach to Form 990, 990-EZ, or 990-PF</b><br>▶ Go to <u><a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a></u> for the latest information | OMB No 1545-0047                                    |
|                                                                                                                              |                                                                                                                                                                                                 | <b>2018</b>                                         |
| <b>Name of the organization</b><br>ALBEMARLE FOUNDATION                                                                      |                                                                                                                                                                                                 | <b>Employer identification number</b><br>20-4798471 |

Organization type (check one)

|                    |                                                                                                           |
|--------------------|-----------------------------------------------------------------------------------------------------------|
| <b>Filers of:</b>  | <b>Section:</b>                                                                                           |
| Form 990 or 990-EZ | <input type="checkbox"/> 501(c)( ) (enter number) organization                                            |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|                    | <input type="checkbox"/> 527 political organization                                                       |
| Form 990-PF        | <input checked="" type="checkbox"/> 501(c)(3) exempt private foundation                                   |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                    | <input type="checkbox"/> 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

- ☒ 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 other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% 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), 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

|                                                     |                                                     |
|-----------------------------------------------------|-----------------------------------------------------|
| <b>Name of organization</b><br>ALBEMARLE FOUNDATION | <b>Employer identification number</b><br>20-4798471 |
|-----------------------------------------------------|-----------------------------------------------------|

**Part I Contributors** (See instructions) Use duplicate copies of Part I if additional space is needed

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                      |
|------------|-----------------------------------|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| —          | See Additional Data Table         | \$                         | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br><br>(Complete Part II for noncash contribution ) |
| —          |                                   | \$                         | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br><br>(Complete Part II for noncash contribution ) |
| —          |                                   | \$                         | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br><br>(Complete Part II for noncash contribution ) |
| —          |                                   | \$                         | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br><br>(Complete Part II for noncash contribution ) |
| —          |                                   | \$                         | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br><br>(Complete Part II for noncash contribution ) |
| —          |                                   | \$                         | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br><br>(Complete Part II for noncash contribution ) |
| —          |                                   | \$                         | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br><br>(Complete Part II for noncash contribution ) |
| —          |                                   | \$                         | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br><br>(Complete Part II for noncash contribution ) |
| —          |                                   | \$                         | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br><br>(Complete Part II for noncash contribution ) |

Employer identification number

20-4798471

|                |                         |
|----------------|-------------------------|
| <b>Part II</b> | <b>Noncash Property</b> |
|----------------|-------------------------|

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

|                                                     |                                                     |
|-----------------------------------------------------|-----------------------------------------------------|
| <b>Name of organization</b><br>ALBEMARLE FOUNDATION | <b>Employer identification number</b><br>20-4798471 |
|-----------------------------------------------------|-----------------------------------------------------|

|                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part III</b> | <b>Exclusively</b> religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of <b>exclusively</b> religious, charitable, etc., contributions of <b>\$1,000 or less</b> for the year. (Enter this information once. See instructions.) ► \$ _____<br>Use duplicate copies of Part III if additional space is needed |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| (a)<br>No. from Part I | (b) Purpose of gift                   | (c) Use of gift         | (d) Description of how gift is held      |
|------------------------|---------------------------------------|-------------------------|------------------------------------------|
|                        | <div></div> <div></div>               | <div></div> <div></div> | <div></div> <div></div>                  |
|                        | (e) Transfer of gift                  |                         |                                          |
|                        | Transferee's name, address, and ZIP 4 |                         | Relationship of transferor to transferee |
|                        | <div></div> <div></div>               | <div></div> <div></div> |                                          |
| (a)<br>No. from Part I | (b) Purpose of gift                   | (c) Use of gift         | (d) Description of how gift is held      |
|                        | <div></div> <div></div>               | <div></div> <div></div> | <div></div> <div></div>                  |
|                        | (e) Transfer of gift                  |                         |                                          |
|                        | Transferee's name, address, and ZIP 4 |                         | Relationship of transferor to transferee |
|                        | <div></div> <div></div>               | <div></div> <div></div> |                                          |
| (a)<br>No. from Part I | (b) Purpose of gift                   | (c) Use of gift         | (d) Description of how gift is held      |
|                        | <div></div> <div></div>               | <div></div> <div></div> | <div></div> <div></div>                  |
|                        | (e) Transfer of gift                  |                         |                                          |
|                        | Transferee's name, address, and ZIP 4 |                         | Relationship of transferor to transferee |
|                        | <div></div> <div></div>               | <div></div> <div></div> |                                          |
| (a)<br>No. from Part I | (b) Purpose of gift                   | (c) Use of gift         | (d) Description of how gift is held      |
|                        | <div></div> <div></div>               | <div></div> <div></div> | <div></div> <div></div>                  |
|                        | (e) Transfer of gift                  |                         |                                          |
|                        | Transferee's name, address, and ZIP 4 |                         | Relationship of transferor to transferee |
|                        | <div></div> <div></div>               | <div></div> <div></div> |                                          |

Additional Data

Software ID:  
Software Version:  
EIN: 20-4798471  
Name: ALBEMARLE FOUNDATION

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                       |
|------------|-----------------------------------|----------------------------|-----------------------------------------------------------------------------------|
| <u>1</u>   | ALBEMARLE CORPORATION             | \$ 18,565,068              | Person <input checked="" type="checkbox"/>                                        |
|            | 4250 CONGRESS STREET STE 900      |                            | Payroll <input type="checkbox"/>                                                  |
|            | CHARLOTTE, NC 28209               |                            | Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions ) |
| <u>2</u>   | LUTHER LUKE KISSAM                | \$ 24,000                  | Person <input type="checkbox"/>                                                   |
|            | 4250 CONGRESS STREET STE 900      |                            | Payroll <input checked="" type="checkbox"/>                                       |
|            | CHARLOTTE, NC 28209               |                            | Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions ) |
| <u>3</u>   | DONALD JAMES JIM LABAUVE          | \$ 8,400                   | Person <input type="checkbox"/>                                                   |
|            | 4250 CONGRESS STREET STE 900      |                            | Payroll <input checked="" type="checkbox"/>                                       |
|            | CHARLOTTE, NC 28209               |                            | Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions ) |
| <u>4</u>   | KAREN NARWOLD                     | \$ 7,275                   | Person <input type="checkbox"/>                                                   |
|            | 4250 CONGRESS STREET STE 900      |                            | Payroll <input checked="" type="checkbox"/>                                       |
|            | CHARLOTTE, NC 28209               |                            | Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions ) |
| <u>5</u>   | MATTHEW JUNEAU                    | \$ 5,640                   | Person <input type="checkbox"/>                                                   |
|            | 4250 CONGRESS STREET STE 900      |                            | Payroll <input checked="" type="checkbox"/>                                       |
|            | CHARLOTTE, NC 28209               |                            | Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions ) |
| <u>6</u>   | RONALD ZUMSTEIN                   | \$ 5,550                   | Person <input type="checkbox"/>                                                   |
|            | 4250 CONGRESS STREET STE 900      |                            | Payroll <input checked="" type="checkbox"/>                                       |
|            | CHARLOTTE, NC 28209               |                            | Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions ) |

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                   |
|------------|-----------------------------------|----------------------------|-----------------------------------------------|
| <u>7</u>   | RAPHAEL CRAWFORD                  | \$ 5,550                   | Person <input type="checkbox"/>               |
|            | 4250 CONGRESS STREET STE 900      |                            | Payroll <input checked="" type="checkbox"/>   |
|            | CHARLOTTE, NC 28209               |                            | Noncash <input type="checkbox"/>              |
|            |                                   |                            | (Complete Part II for noncash contributions ) |
| <u>8</u>   | JAMES ROMANO                      | \$ 6,000                   | Person <input checked="" type="checkbox"/>    |
|            | 4250 CONGRESS STREET STE 900      |                            | Payroll <input type="checkbox"/>              |
|            | CHARLOTTE, NC 28209               |                            | Noncash <input type="checkbox"/>              |
|            |                                   |                            | (Complete Part II for noncash contributions ) |
| <u>9</u>   | JAMES GARNER MOORE                | \$ 6,000                   | Person <input checked="" type="checkbox"/>    |
|            | 3839 WILLOW BAY DRIVE             |                            | Payroll <input type="checkbox"/>              |
|            | BATON ROUGE, LA 70809             |                            | Noncash <input type="checkbox"/>              |
|            |                                   |                            | (Complete Part II for noncash contributions ) |
| <u>10</u>  | ROBERT F PIERPOLINE               | \$ 5,040                   | Person <input checked="" type="checkbox"/>    |
|            | 13100 SPACE CENTER BLVD           |                            | Payroll <input type="checkbox"/>              |
|            | HOUSTON, TX 77059                 |                            | Noncash <input type="checkbox"/>              |
|            |                                   |                            | (Complete Part II for noncash contributions ) |