efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93491133018629

2018

OMB No 1545-0052

Return of Private Foundation

Form 990-PF Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

For	caler	ndar year 2018, or tax year beginning 01-01-20)18 , a	nd ending 12-31	-2018	
		indation DRMACK FOUNDATION		A Employer is	dentification numbe	r
		VUS TRUST		58-6035369		
		d street (or P O box number if mail is not delivered to street address)	Room/suite	B Telephone n	umber (see instructio	ns)
P	O BOX 2	23024		(706) 644-635	60	
City	or town	n, state or province, country, and ZIP or foreign postal code GA 31902		C If exemption	n application is pendin	a. check here
	JI-1005,				F	▶ ⊔
G Ch	neck al	I that apply	former public charity		rganizations, check h	▶ ⊔
		☐ Final return ☐ Amended return			organizations meeting ck here and attach co	
		Address change Name change		·	oundation status was	· -
_		rpe of organization ✓ Section 501(c)(3) exempt private			on 507(b)(1)(A), chec	
			e private foundation			
		rom Part II cal (a)	✓ Cash ☐ Accru		lation is in a 60-mont on 507(b)(1)(B), chec	
		●\$ 998,266	be on cash basis)			
D a	et T	Analysis of Poyonus and Evnonsos (The head	Ī	1	T	(4) Dishiman and
Pα	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily	(a) Revenue and expenses per	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable
		equal the amounts in column (a) (see instructions))	books	income	income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach				
		schedule)	8,970)		
	2	Check ► ✓ If the foundation is not required to attach Sch B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	23,623	23,62	3	
	5a	Gross rents				
	ь	Net rental income or (loss)				
Cle	6a	Net gain or (loss) from sale of assets not on line 10	84,478	3		
Revenue	b	Gross sales price for all assets on line 6a411,183				
Re	7	Capital gain net income (from Part IV, line 2)		84,47	8	
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	ь	Less Cost of goods sold				
	С	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)				
	12	Total. Add lines 1 through 11	117,071	108,10	1	
	13	Compensation of officers, directors, trustees, etc	10,741	. 5,37	D .	5,370
	14	Other employee salaries and wages				
es	15	Pension plans, employee benefits				
ens	16a	Legal fees (attach schedule)				
Expenses	b	Accounting fees (attach schedule)	2,660)	0	2,660
	С	Other professional fees (attach schedule)				
Operating and Administrative	17	Interest				
SE SE	18	Taxes (attach schedule) (see instructions)	546	17.	3	С
<u> </u>	19	Depreciation (attach schedule) and depletion				
¥ G	20	Occupancy				
<u>7</u>	21	Travel, conferences, and meetings				
<u>a</u>	22	Printing and publications				
ğun	23	Other expenses (attach schedule)				
ərat	24	Total operating and administrative expenses.	12.01	,		0.000
ă O	35	Add lines 13 through 23	13,947	· ·	3	8,030
_	25	Contributions, gifts, grants paid	49,500	,		49,500
	26	Total expenses and disbursements. Add lines 24 and 25	63,447	, 5,54.	3	57,530
	27	Subtract line 26 from line 12	55,447	3,34.		3.,330
	a	Excess of revenue over expenses and				
	 L	disbursements Net investment income (if negative, enter -0-)	53,624		1	
	b c	Adjusted net income (if negative, enter -0-)		102,55		
Ear		avoid Deduction Act Nation are instructions		C-F N 41222		000 PE (2212)

514,853

1,182

945.292

1,084,296

-139,004

945.292

945,292

336,384

567,564

331,742

1,510

998,916

1,084,296

-85,380

998.916

998,916

2

3

4

5

945,292

53,624

998,916

Form 990-PF (2018)

0

0 998,916

579,693

318,963

1,510

998,266

	5
	6
	7
2	8
Issets	9
<u>د</u>	10-

h

C

11

12 13

14

15

16

17 18

19

20 21

22

23

24

25

26

28

29 Net

30

31

Part III

2 3

Liabilities

Balances

Fund

ō

Assets 27 Less allowance for doubtful accounts ▶ Inventories for sale or use

Land, buildings, and equipment basis ▶ _

instructions Also, see page 1, item I)

Other assets (describe ▶ _

Other liabilities (describe -_

Grants pavable

Unrestricted

Temporarily restricted

Permanently restricted . .

and complete lines 27 through 31.

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

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize) -

Prepaid expenses and deferred charges

Investments—land, buildings, and equipment basis ▶ _

Less accumulated depreciation (attach schedule) Investments—mortgage loans

Less accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here ▶ □

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

Paid-in or capital surplus, or land, bldg, and equipment fund Retained earnings, accumulated income, endowment, or other funds

Capital stock, trust principal, or current funds

Total net assets or fund balances (see instructions)

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

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-

Analysis of Changes in Net Assets or Fund Balances

Investments—U S and state government obligations (attach schedule)

Accounts payable and accrued expenses

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

	Jicai Gailis	and Losses for Tax on Threese	inione zneome	(b)	(-)	(4)
		e the kınd(s) of property sold (e g , arehouse, or common stock, 200 shs		How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1aSee Additio	nal Data Tabl	e				
b						
С						
d						
е						
	(e) sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale	Gain o	h) r (loss)) minus (g)
a See Additio	nal Data Tabl	e				
b						
С						
d						
e						
Complete	only for assets	s showing gain in column (h) and ow	ned by the foundation	on 12/31/69	(I)
	(i) s of 12/31/69	(j)	Excess	(k) of col (ı) (j), ıf any	Gains (Col (col (k), but not	h) gain minus less than -0-) or om col (h))
- See Additio	nal Data Tabl		over cor	()), ii aiiy	200000 (111	om co: (m)/
b	mar Data Tabi					
с						
e						
			If gain, also enter in P	Inst T. lung 7		
2 Capital ga	ain net income	e or (net capital loss)	If (loss), enter -0- in F		2	84,478
	so enter in Pa	gain or (loss) as defined in sections rt I, line 8, column (c) (see instructi) . }	3	
Part V Out	alification I	Jnder Section 4940(e) for Re	aduced Tay on Net	Investment In	rome	
		private foundations subject to the se eave this part blank	ction 4940(a) tax on ne	et investment incom	e)	
		ie section 4942 tax on the distributa ot qualify under section 4940(e) Do			·	es 🔽 No
1 Enter the a	appropriate an	nount in each column for each year,	see instructions before	making any entries	5	
(a) Base period yea year (or tax year		(b) Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	(d) Distribution rati (col (b) divided by c	
2017		88,800		1,044,305		0 085033
2016		88,946		999,682		0 088974
2015		78,887		1,034,180		0 076280
2014		106,699		1,100,115		0 096989
2013		69,596		1,074,177		0 064790
	e 1, column (<i>'</i>		2		0 412066
number of	years the four	o for the 5-year base period—divide ndation has been in existence if less incharitable-use assets for 2018 fron	than 5 years	0, or by the 3		0 082413 1,033,189
5 Multiply line			•	5		85,148
	•	ent income (1% of Part I, line 27b)		6		1,026
7 Add lines 5		ent income (170 of Part 1, line 27b)				86,174
		ions from Part XII, line 4 ,		8		57,530
	equal to or gre	eater than line 7, check the box in Pi			g a 1% tax rate Se	

	rt VII-B Statements Regard	ding Activities for Which	Form 4720 May Re	Required (continued)		F	age o
	During the year did the foundation	_	1101111 4720 Play De	Required (continued)		Yes	No
Ja	(1) Carry on propaganda, or others		lation (section 4945(e))?			163	NO
	(2) Influence the outcome of any s	•		☐ Yes 🗹	No		
	on, directly or indirectly, any vo		• • • • • • • • • • • • • • • • • • • •				
	(3) Provide a grant to an individua	-		☐ Yes ☑	No		
	(4) Provide a grant to an organizat	• • •			No		
	in section 4945(d)(4)(A)? See i						
	(5) Provide for any purpose other t			· · · Yes	No		
	educational purposes, or for the						
b	If any answer is "Yes" to 5a(1)-(5)	·		∟ Yes 🖭	No		
	Regulations section 53 4945 or in a	·		·	5b		
	Organizations relying on a current i	notice regarding disaster assist	tance check here	▶ □			
c	If the answer is "Yes" to question 5	a(4), does the foundation clair	m exemption from the	Ц			
	tax because it maintained expendit	ure responsibility for the grant	?	· · □ Yes □	No		
	If "Yes," attach the statement requ	ired by Regulations section 53	4945-5(d)	res	110		
6 a	Did the foundation, during the year	, receive any funds, directly or	r indirectly, to pay premit	ıms on			
	a personal benefit contract?			· 🗌 Yes 🗸	No		
b	Did the foundation, during the year	, pay premiums, directly or inc	directly, on a personal be	nefit contract?	6b		No
	If "Yes" to 6b, file Form 8870						
7a	At any time during the tax year, wa	s the foundation a party to a p	prohibited tax shelter trai	nsaction? Yes	No.		
b	If yes, did the foundation receive a	ny proceeds or have any net ir	ncome attributable to the	transaction?	7b		
8	Is the foundation subject to the sec	tion 4960 tax on payment(s)	of more than \$1,000,000	in remuneration or			
	excess parachute payment during t	he year?		· · 🗌 Yes 🗸	No		
Dat	Information About	Officers, Directors, Trus	tees, Foundation Ma	nagers, Highly Paid Em	ployees,		
FO	and Contractors						
1	List all officers, directors, truste	es, foundation managers a	nd their compensation	See instructions			
	(a) Name and address	(b) Title, and average	(c) Compensation (If	(d) Contributions to	(e) Expen	se acc	ount,
	(a) Name and address	hours per week devoted to position	not paid, enter -0-)	employee benefit plans and deferred compensation	other al		
BEATE	RICE MCCORMACK	TRUSTEE	0	· ·			
721	BEATTIE RD 138	0 20					
	NY, GA 31721						
	SE G MCCORMACK	TRUSTEE 0 20	0	0			0
	WESTGATE DR 20 NY, GA 31707						
	VUS TRUST COMPANY	AGENT	10,740	0			0
	X 23024	^{2 00}					
	MBUS, GA 31902			_			
	HELEN DYKES	TRUSTEE 0 20	0	0			0
	W CO HWY 30A 205B A ROSA BEACH, FL 32459						
2	Compensation of five highest-pa	id employees (other than t	hose included on line 1	—see instructions). If non	e, enter "	NONE.	"
		(b) Title, and average		(d) Contributions to			
(a)	Name and address of each employee more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	(e) Expense other all		
	more than \$50,000	devoted to position		compensation	other an	Owanic	
NON	Ξ						
Гota	I number of other employees paid ov	ver \$50,000	. <u></u>				0
					Form 99 0	0-PF (2018)

Form 990-PF (2018)		Page 7
Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly F	Paid Employees,
3 Five highest-paid independent contractors for professional servi	ces (see instructions). If none, ente	r "NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
T-t-Laurehau ef ethans account a compte (CO 000 for au feachair and a compte (CO 000 for a		<u> </u>
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities	 	0
List the foundation's four largest direct charitable activities during the tax year Include re	levant statistical information such as the numb	per of
organizations and other beneficiaries served, conferences convened, research papers prod	uced, etc	Expenses
1 N/A		0
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see	instructions)	
Describe the two largest program-related investments made by the foundation during the	<u> </u>	Amount
1		
2		
-		
All other program-related investments. See instructions		
3		
Total. Add lines 1 through 3		. • 0
Total. Add lilles I dillough 5		Form 990-PF (2018)
		FOLIN 330-FF (2010)

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

Amounts set aside for specific charitable projects that satisfy the

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

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

3

4

5

2

3a 3h

4

5

57.530

57.530

Form 990-PF (2018)

b From 2014. . . . c From 2015. .

d From 2016. . . .

e From 2017.

XII, line 4 🕨 \$ a Applied to 2017, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election

d Applied to 2018 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2018

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

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

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . .

c Excess from 2016. . . .

d Excess from 2017. . .

e Excess from 2018. . .

b Excess from 2015. .

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

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2013 not

indicated below:

(d)

2018

Page 9

49,608

49.608

Form **990-PF** (2018)

0

_	_	•	<u>'</u>	١,	_	_	_	
1	X	П	7	7		Г		

Form	990-PF	(2	018	3)
	V.T.				

0-PF	(2018)	

Part XIII	Undis

P	art XIII	Undistributed Income (see instruc	ctions)
1	Distributabl	e amount for 2018 from Part XI, line 7	
2	Undistribute	ed income, if any, as of the end of 2018	

- rom Part XI, line 7 a Enter amount for 2017 only. **b** Total for prior years
 - of the end of 2018 Excess distributions carryover, if any, to 2018 From 2013.

 - 17.313 55,985
 - 27.938
 - 39.482
 - 37,811
- f Total of lines 3a through e. 4 Qualifying distributions for 2018 from Part

55.985 27,938

39,482

37.811

7.922

(a)

Corpus

178.529

7.922

186,451

17.313

169,138

0

(b)

Years prior to 2017

(c)

2017



nter gros	s amounts unless otherwise indicated	Unrelated bu	ısıness ıncome	Excluded by section	512, 513, or 514	(e) Related or exempt
1 Progran	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
f						
2 Member 3 Interes	and contracts from government agencies ership dues and assessments. st on savings and temporary cash					
4 Dividei	nents nds and interest from securities. ntal income or (loss) from real estate			14	23,623	
	-financed property					
	lebt-financed property					
6 Net re	ntal income or (loss) from personal property					
	nvestment income					
8 Gain o invento	r (loss) from sales of assets other than					
	ny			18	84,478	
	profit or (loss) from sales of inventory					
1 Other	revenue a					
с						
		1				
е						
e 2 Subtot	al Add columns (b), (d), and (e).		0	12	108,101	
e 2 Subtot 3 Total.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)		0	13	108,101	
e 2 Subtot 3 Total. (See w	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations)		13	· · · · · · · · · · · · · · · · · · ·	
e 2 Subtot 3 Total. (See w Part XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations) ne Accomplish Income is reporte		pt Purposes F Part XVI-A contribut	ted importantly to	
e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) ne Accomplish Income is reporte		pt Purposes F Part XVI-A contribut	ted importantly to	
e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) ne Accomplish Income is reporte		pt Purposes F Part XVI-A contribut	ted importantly to	
e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) ne Accomplish Income is reporte		pt Purposes F Part XVI-A contribut	ted importantly to	
e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) ne Accomplish Income is reporte		pt Purposes F Part XVI-A contribut	ted importantly to	
e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) ne Accomplish Income is reporte		pt Purposes F Part XVI-A contribut	ted importantly to	
e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) ne Accomplish Income is reporte		pt Purposes F Part XVI-A contribut	ted importantly to	
e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) ne Accomplish Income is reporte		pt Purposes F Part XVI-A contribut	ted importantly to	
e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) ne Accomplish Income is reporte		pt Purposes F Part XVI-A contribut	ted importantly to	
e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) ne Accomplish Income is reporte		pt Purposes F Part XVI-A contribut	ted importantly to	
e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) ne Accomplish Income is reporte		pt Purposes F Part XVI-A contribut	ted importantly to	
e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) ne Accomplish Income is reporte		pt Purposes F Part XVI-A contribut	ted importantly to	
e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) ne Accomplish Income is reporte		pt Purposes F Part XVI-A contribut	ted importantly to	
e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) ne Accomplish Income is reporte		pt Purposes F Part XVI-A contribut	ted importantly to	
e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) ne Accomplish Income is reporte		pt Purposes F Part XVI-A contribut	ted importantly to	
e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) ne Accomplish Income is reporte		pt Purposes F Part XVI-A contribut	ted importantly to	
e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) ne Accomplish Income is reporte		pt Purposes F Part XVI-A contribut	ted importantly to	
e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) ne Accomplish Income is reporte		pt Purposes F Part XVI-A contribut	ted importantly to	
e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) ne Accomplish Income is reporte		pt Purposes F Part XVI-A contribut	ted importantly to	
e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) ne Accomplish Income is reporte		pt Purposes F Part XVI-A contribut	ted importantly to	
e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) ne Accomplish Income is reporte		pt Purposes F Part XVI-A contribut	ted importantly to	
e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) ne Accomplish Income is reporte		pt Purposes F Part XVI-A contribut	ted importantly to	

. ,	
111	Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Part XVII	Exempt Organia	zations				•			
	ganization directly or in than section 501(c)(3)						501	Yes	No
a Transfers	from the reporting foun	dation to a no	ncharitable ex	empt organization	of				
(1) Cash							1a(1)		No
(2) Othe	rassets						1a(2)		No
b Other tran	nsactions								
(1) Sales	s of assets to a nonchari	table exempt	organization.				. 1b(1)		No
(2) Purch	hases of assets from a n	oncharitable e	exempt organiz	zation			. 1b(2)		No
(3) Rent	al of facilities, equipmer	nt, or other as	sets				. 1b(3)		No
	bursement arrangemen						1b(4)		No
	s or loan guarantees.						1b(5)		No
• •	rmance of services or m	·	=				1b(6)		No
_	f facilities, equipment, n						1c		No
of the goo in any tra	wer to any of the above ods, other assets, or ser nsaction or sharing arra	vices given by ngement, sho	the reporting w in column (c	foundation If the diagram of the dia	foundation receive goods, other asse	ed less than fair marke ets, or services received	t value d		
a) Line No	(b) Amount involved	(c) Name of r	oncharitable exe	mpt organization	(d) Description o	f transfers, transactions, ar	nd sharing arrai	ngemen	ts
	ndation directly or indire	•	•	•					
	in section 501(c) (other		501(c)(3)) or i	in section 527? .		∐Yes	✓ No		
b If "Yes," c	complete the following so		1 4	L X T 6	1	(-) D	l. b l		
	(a) Name of organization	on	(1	b) Type of organization	on	(c) Description of	relationship		
of m white	ler penalties of perjury, ny knowledge and belief ch preparer has any kno	, it is true, co				than taxpayer) is base	ed on all infor	mation	n of
dere	*****			2019-05-13	*****		May the IRS di return with the prepai below		
	Signature of officer or to	rustee		Date	Title		(see instr)?	Z γes [□ _{No}
	Print/Type preparer's	Print/Type preparer's name Preparer's		nature	Date	Check if self-	IN P00988	.241	
Paid		JOANNA HANCOCK		2019-05		employed ▶ □	. 23330	- · -	
Preparer Jse Only	Third Hairie F 1010	LDIN & JENKI	NS LLC			Fır	m's EIN ▶58-	06920	143
-	Firm's address ▶ PC	BOX 71549 2 BANY, GA 31	2303 DAWSON 7081549	ROAD		Ph	one no (229)	446-3	3600
		,							

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (b) (d) (c) How acquired (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) Date acquired Date sold P—Purchase (mo, day, yr) (mo, day, yr) D-Donation Р WESTERN ASSET CORE PLUS Р JP MORGAN MID CAP VALUE FUND MFS VALUE FUND CLASS I Ρ T ROWE PRICE LARGE CAP Р Ρ VICTORY MUNDER MIDCAP Ρ WESTERN ASSET CORE PLUS Р VICTORY MUNDER MIDCAP Р COCA COLA CO COM Р CAPITAL GAINS DIVIDENDS Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) (f) 12,030 12,627 -597 18,254 14,537 3,717 98,757 79,132 19,625 113,389 75,867 37,522 14,812 14,598 214 94,126 98,962 -4,83639,404 28,012 11,392 2,891 2,970 -79 17,520 17,520 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (i) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any -597 3,717 19,625 37,522 214 -4,836 11,392 -79 17,520

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ALBANY MUSEUM OF ART NONE 501C3 **EDUCATIONAL** 20.000

311 MEADOWLARK DRIVE ALBANY, GA 31707		30103		20,000
ALBANY STATE UNIVERSITY FOUNDATION 504 COLLEGE DRIVE	NONE	501C3	EDUCATIONAL	1,500

FOUNDATION 504 COLLEGE DRIVE ALBANY, GA 31705	NONE	301C3	EDUCATIONAL	1,300
ALBANY SYMPHONY ORCHESTRA ASSOC PO BOX 70065 ALBANY GA 31708	NONE	501C3	CHARITABLE	1,000

49,500

ALBANY, GA 31705				
ALBANY SYMPHONY ORCHESTRA ASSOC NO PO BOX 70065 ALBANY, GA 31708	VONE	501C3	CHARITABLE	1,000

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
ATHENS AREA HOMELESS SHELTER 620 BARBER STREET ATHENS, GA 30601	NONE	501C3	CHARITABLE	1,000

500

49,500

ATHENS, GA 30601				1
ATHFESTPO BOX 327 ATHENS, GA 30603	NONE	501C3	CHARITABLE	
DARTON COLLEGE	NONE	501C3	EDUCATIONAL	

Total .

ATHENS, GA 30603				
DARTON COLLEGE 2400 GILLIONVILLE ROAD	NONE	501C3	EDUCATIONAL	1,00
AL BANK CA 21707				1

DARTON COLLEGE 2400 GILLIONVILLE ROAD ALBANY, GA 31707	NONE	501C3	EDUCATIONAL	1,000
, , <u>, , , , , , , , , , , , , , , , , </u>				

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

a Paid during the year

If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Foundation status of recipient

Purpose of grant or contribution

Amount

NONE

GEORGIA MUSEUM OF ART

90 CARLTON STREET ATHENS, GA 30602

DICESAN DEVELOPMENT DRIVE 601 E LIBERTY STRETT SAVANNAH, GA 31401	NONE	501C3	RELIGIOUS	3,000
FLINT RIVERQUARIUM117 PINE AVE ALBANY, GA 31702	NONE	501C3	EDUCATIONAL	1,000

501C3

CHARITABLE

▶ 3a

1,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
GONZAGA UNIVERSITY 502 E BOONE AVE	NONE	501C3	EDUCATIONAL	2,500

SPOKANE, WA 99250				
MISSION CHANGE308 FLINT AVENUE	NONE	501C3	CHARITABLE	

MISSION CHANGE308 FLINT AVENUE ALBANY, GA 31701	NONE	501C3	CHARITABLE	500
PHOERE FOLINDATIONATO FOLIPTH AVE	NONE	50103	CHARITARIE	500

ALBANY, GA 31701	NONE	301C3	CHARITABLE	500
PHOEBE FOUNDATION419 FOURTH AVE	NONE	501C3	CHARITABLE	500

PHOEBE FOUNDATION419 FOURTH AVE ALBANY, GA 31701	NONE	501C3	CHARITABLE	500

PHOEBE FOUNDATION419 FOURTH AVE	NONE	501C3	CHARITABLE	i
ALBANY, GA 31701				

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

SALVATION ARMY 304 WEST 2ND AVENUE ALBANY, GA 31702	NONE	501C3	CHARITABLE	3,000
SOLITHERN LITAH WILDERNESS	NONE	50103	CHADITABLE	500

SOUTHERN UTAH WILDERNESS ALLIANCE 425 EAST 100 SOUTH SALT LAKE CITY, UT 84111	NONE	501C3	CHARITABLE	500
ST REPNARD COLLEGE	NONE	50103	EDUCATIONAL	1 000

SALT LAKE CITY, UT 84111				
ST BERNARD COLLEGE 1600 ST BERNARD DRIVE SE CULLMAN, AL 35055	NONE	501C3	EDUCATIONAL	1,000

49,500

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Amount Foundation show any relationship to status of contribution any foundation manager recipient

Name and address (home or husiness)

Total .

Hame and address (nome of Basiness)	or substantial contributor			
a Paid during the year				
ST CLARE'S COMMUNITY CENTER 2005 MARTIN LUTHER KING JR DR ALBANY, GA 31701	NONE	501C3	CHARITABLE	1,000

	ALBANY, GA 31701				
	ST TERESA SCHOLARSHIP 421 EDGEWOOD LANE ALBANY, GA 31707	NONE	501C3	EDUCATIONAL	5,0
П					

421 EDGEWOOD LANE ALBANY, GA 31707	NONE	30103	EDUCATIONAL	3,000
THRONOTEESKA HERITAGE CENTER 100 W ROOSEVELT AVE ALBANY, GA. 31701	NONE	501C3	EDUCATIONAL	2,000

000

ALBANY, GA 31707				
THRONOTEESKA HERITAGE CENTER 100 W ROOSEVELT AVE ALBANY, GA 31701	NONE	501C3	EDUCATIONAL	2,000

ALBANY, GA 31707				
THRONOTEESKA HERITAGE CENTER 100 W ROOSEVELT AVE ALBANY, GA 31701	NONE	501C3	EDUCATIONAL	2,00

THRONOTEESKA HERITAGE CENTER NONE 501C3 EDUCATIONAL 100 W ROOSEVELT AVE ALBANY, GA 31701	2,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
	i		i	

CATHOLIC CENTER OF UGA 1344 S LUMPKIN STREET ATHENS, GA 30605	NONE	501C3	CHARITABLE	500
FLINT RIVEROUARIUM BLUE HOLE	NONE	501C3	FDUCATIONAL	2 000

ATTIENS, GA 30005				
FLINT RIVERQUARIUM BLUE HOLE SOCIETY 117 PINE AVE ALBANY, GA 31702	NONE	501C3	EDUCATIONAL	2,000

SOCIETY 117 PINE AVE ALBANY, GA 31702				,
OPERATION FUEL75 CHARTER OAK AVE HARTFORD, CT 06106	NONE	501C3	CHARITABLE	1,000

Total .

efile GRAPHIC print - DO NOT	PROCESS	As Filed D	ata -	D	LN: 93491133018629			
TY 2018 Accounting Fees Schedule								
Name: THE MCCORMACK FOUNDATION								
C/O SYNOVUS TRUST								
EIN: 58-6035369								
Category	Am	ount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
ACCOUNTING FEES		2,660	0		2,660			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491133018629						
TY 2018 Investments Corporate Bonds Schedule								
Name: 7	THE MCCORMACK	(FOUNDATION						

C/O SYNOVUS TRUST

EIN: 58-6035369

Investments Corporate Bonds Schedule							
Name of Bond	End of Year Book Value	End of Year Fair Market Value					
FEDERATED TOTAL RETURN FUND	125,858	119,923					
DODGE & COX INCOME FUND	124,871	119,466					
FEDERATED INST HIGH YEILD BOND FUND	20,253	18,988					
VANGUARD SHORT TERM INVESTMENT GRADE FUND	60,760	60,586					

effie GRAPHIC	Print - DC	<u> IUNCI F</u>	'KUCESS	AS	FIIE	ea D	ata -			DLN:	93491	13301	8629	ı
	_		_											

TY 2018 Investments Corporate Stock Schedule

Name: THE MCCORMACK FOUNDATION

C/O SYNOVUS TRUST

FIN: 58-6035369

E14. 36-6633369		
Investments Corporation Stock Schedule		
Name of Stock	End of Year Book Value	End of Year Fair Market Value
AMERICAN EUROPACIFIC GROWTH	49,150	52,871
JP MORGAN MID CAP VALUE FUND	34,822	44,642
FIDELITY SPARTAN 500 INDEX FUND	149,789	167,538
T ROWE PRICE INSTITUTIONAL LARGE-CAP GROWTH FUND	39,113	47,869
MFS VALUE FUND CLASS I	103,770	117,316
COLUMBIA SMALL CAP INDEX FUND INTL	70,211	50,182
GOLDMAN SACHS INTERNATIONAL EQUITY	63,460	52,828
JANUS HENDERSON ENTERPRISE FUND	57,249	46,447
	· 1	•

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491133018629
TY 2018 Other Assets Schedule		

Name: THE MCCORMACK FOUNDATION

C/O SYNOVUS TRUST

EIN: 58-6035369

Other Assets Schedule							
Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value				
INTEREST AND DIVIDENDS RECEIVABLE	1,182	1,510	1,510				

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 9	93491133018629	
TY 2018 Substantial Contribut	ors				
Schedule					
Name:	THE MCCORM	ACK FOUN	NDATION		
	C/O SYNOVUS TRUST				
EIN:	58-6035369				
Name			Address		
MARY HELEN DYKES			2421W CO HWY 30A 205B SANTA ROSA BEACH, FL 32459		
MARY BEATRICE MCCORMACK			1721 BEATTIE ROAD 138 ALBANY, GA 31721		
LOUISE G MCCORMACK			2515 WESTGATE DRIVE 20 ALBANY, GA 31707		

efile GRAPHIC print - DO NOT PROCESS	S As Filed Data	-	DLI	N: 93491133018629
TY 2018 Taxes Schedule				
Name: THE MCCORMACK FOUNDATION C/O SYNOVUS TRUST				
EIN: 58-6035369				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES	173	173	i	0
EXCISE TAX ESTIMATES	320	0		0
EXCISE TAX	53	0		0

efile GRAPHIC print - De	O NOT PROCESS	As Filed Data -			DLN: 9349113301862	
Schedule B	Schedule of Contributors			OMB No 1545-0047		
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	•		Form 990, 990-EZ, or 990- <u>v/Form990</u> for the latest ir		2018	
Name of the organization THE MCCORMACK FOUNDA					nployer identification number	
C/O SYNOVUS TRUST Organization type (chec	k one)			58-	-6035369	
	•					
Filers of:	Section:					
Form 990 or 990-EZ	☐ 501(c)()	(enter number) or	ganization			
	☐ 4947(a)(1	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	☐ 527 politic	☐ 527 political organization				
Form 990-PF	✓ 501(c)(3)	exempt private fou	undation			
	☐ 4947(a)(1	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3)	☐ 501(c)(3) taxable private foundation				
					totaling \$5,000 or more (in ermining a contributor's total	
Special Rules						
under sections 50 received from any	9(a)(1) and 170(b)(1)(A)(vı), that checuring the year, tota	cked Schedule A (Form 9 I contributions of the grea	990 or 990-EZ), Part II	port test of the regulations I, line 13, 16a, or 16b, and that 2) 2% of the amount on (i) Forn	
during the year, to	otal contributions of	more than \$1,000	or (10) filing Form 990 o <i>exclusively</i> for religious, animals Complete Parts	charitable, scientific,	d from any one contributor, literary, or educational	
during the year, of If this box is chect purpose Don't co	ontributions exclusions exclusions in the second in the second in the part of	vely for religious, o total contributions arts unless the Ge	haritable, etc , purposes that were received durin	, but no such contribu g the year for an <i>excl</i> i s organization becaus	d from any one contributor, utions totaled more than \$1,000 usively religious, charitable, etc se it received nonexclusively . ▶ \$	
Caution. An organization 990-EZ, or 990-PF), but i Form 990-EZ or on its Fo 990-EZ, or 990-PF)	t must answer "No"	on Part IV, line 2,	of its Form 990, or chec	k the box on line H of	its	
For Paperwork Reduction Ad for Form 990, 990-EZ, or 990		uctions	Cat No 30613X	Schedule B	(Form 990, 990-EZ, or 990-PF) (201	

Name of organiz THE MCCORMACK C/O SYNOVUS TR	FOUNDATION	Employer identification 58-6035369	number
Part I	Contributors (See instructions) Use duplicate copies of Part I if ac	iditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	LOUISE G MCCORMACK		Person
1	2515 WESTGATE DRIVE 20	\$ 2,970	Payroll Noncash
	ALBANY, GA 31707		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MARY BEATRICE MCCORMACK		Person 🗸
2	1721 BEATTIE RD 138	 \$ 3,000	Payroll
	ALBANY, GA 31721		Noncash
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MARY HELEN DYKES		Person 🗸
3	2421 W CO HWY 30A 205B		Payroll
	SANTA ROSA BEACH, FL 32459	\$ 3,000	Noncash
	SANTA NOSA BEACH, FE 32439		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
			Noncash
			(Complete Part II for noncash contributions)

Schedule B (Form	990, 990-EZ, or 990-PF) (2018)		Page 4
Name of organizat THE MCCORMACK FO C/O SYNOVUS TRUS	DUNDATION		Employer identification number 58-6035369
than \$1, organiz the year	,000 for the year from any one contributor	r. Complete columns (a) thro of exclusively religious, chari ctions.) ▶ \$	d in section 501(c)(7), (8), or (10) that total more ugh (e) and the following line entry. For table, etc., contributions of \$1,000 or less for
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 F	t Relationship of transferor to transferee
(a)	/h) Dumaga of sift	(c) Hop of suff	(d) Decemention of how wife is hold
No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	t Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	t Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	t Relationship of transferor to transferee
			Schedule B (Form 990, 990-EZ, or 990-PF) (2018)