## Form 990-PF

Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public

► Go to www.irs.gov/Form990PFfor instructions and the latest information. **Open to Public Inspection** 

CIVID NO 10	, -0 00-,
20	19

For calendar year 2019 or tax year beginning 2019, and ending Name of foundation A Employer identification number JACK AND ANNE GLENN CHARITABLE FOUNDATIO 20-0545315 Number and street (or P O. box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) PO BOX 1908 404-813-9304 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here. ORLANDO, FL 32802-1908 G Check all that apply: Initial return Initial return of a former public charity 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach Address change Name change computation H Check type of organization: | X | Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here . Fair market value of all assets at J Accounting method: X Cash If the foundation is in a 60-month termination end of year (from Part II, col. (c), line Other (specify) under section 507(b)(1)(B), check here . (Part I, column (d), must be on cash basis.) **16)** ▶ \$ 14,854,994 (d) Disbursements Part | Analysis of Revenue and Expenses (The (a) Revenue and (c) Adjusted net for charitable (b) Net investment total of amounts in columns (b), (c), and (d) expenses per income income purposes may not necessarily equal the amounts in books (cash basis only) column (a) (see instructions).) Contributions, gifts, grants, etc., received (attach schedule) Check X if the foundation is not required to 2 attach Sch. B. 3 Interest on savings and tempora 270,237 270,237 STMT Dividends and interest from securities 4 Gross rents . . . . RECEIVED Net rental income or (loss) 1,197,367 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 4,592,703 0 <del>OCT 0</del> ZU20 1,197,367 Capital gain net income (from Part IV, line 2) . 7 Net short-term capital gain..... OGDFin Income modifications 10a Gross sales less returns and allowances . . Less Cost of goods sold . Gross profit or (loss) (attach schedule) . . . . STMT 159,169 144,622 Other income (attach schedule) . . . . . 11 1,626,773 612,226 12 Total. Add lines 1 through 11 . . . . . . NONE NONE NONE 13 Compensation of officers, directors, trustees, etc. NONE NONE 14 Other employee salaries and wages . . . . . NONE NONE 15 Pension plans, employee benefits . . . . . . 16a Legal fees (attach schedule) . . . 2,500. 2,500 NONE NONE Accounting fees (attach schedule) STMT 3 istrative Other professional fees (attach scheduler. 4. 71.919 35,960 35,960 17 1,393 35,602 Taxes (attach schedule) (see instructions. 5. 18 19 Depreciation (attach schedule) and depletion. 20 NONE NONE 21 E 22 Travel, conferences, and meetings . . . . . NONE NONE Operating 25 105,058 20.574 84,484 Other expenses (attach schedule) STMT. 6. Total operating and administrative expenses. 215,079 57,927 NONE 122,944 592,500 592,500 Contributions, gifts, grants paid . . . . . . 807,579 57,927 NONE 26 Total expenses and disbursements. Add lines 24 and 25 715,444 27 Subtract line 26 from line 12 819,194 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 1,554,299 c Adjusted net income (if negative, enter -0-). .

SCANNED MAY 06

Р	art II	Balance Sheets	Attached schedules and amounts in the	Beginning of year	End o	of year
		-	description column should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1.	Cash - non-interest-bearin	g			
	2	Savings and temporary ca	ash investments	495,210.	340,840.	340,840
				f 1	Andrew Committee of the committee of	
		Less. allowance for doubt	ful accounts >			
	4	Pledges receivable 🕨		· · · · · · · · · · · · · · · · · · ·	Promise to the same of the sam	
		Less. allowance for doubt	ful accounts >			
	5	Grants receivable				
	6	Receivables due from o	fficers, directors, trustees, and other			
		disqualified persons (attac	ch schedule) (see instructions)			
	7	Other notes and loans red	ceivable (attach schedule)   ful accounts   NONE	commend for an experimental experimental probability of the particular and the	s for professional a since and recommendate	es de
		Less allowance for doubt	ful accounts ▶ NONE			
ţ						
Assets	9	Prepaid expenses and def	ferred charges			
Þ	10a	Investments - U.S. and state g	government obligations (attach schedule)			
	b	Investments - corporate s	tock (attach schedule) . STMT .7	1,150,000.		
	C	Investments - corporate b	onds (attach schedule)			
		Investments - land, buildings, and equipment hasis		ARRES CONT. OF COMMUNICATION CONT.	Paradonal and an experience of a	-18 w t howi t
		Less accumulated depreciati (attach schedule)	on >			
	12	Investments - mortgage lo	oans			
		Investments - other (attac Land, buildings, and	h schedule)	7,769,270.	10,066,384.	13,938,415
		cano, buildings, and equipment basis Less accumulated depreciati	<b>&gt;</b>	· · · · · · · · · · · · · · · · · · ·		
		(attach schedule)				585 833
i			)	709,865.	<u>575,739</u> .	575,739
			completed by all filers - see the	10 104 345	10 000 060	14 054 004
$\dashv$			ge 1, item I)	10,124,345.	10,982,963.	14,854,994
			crued expenses			
S		• •				
Liabilities						
ӟ			s, trustees, and other disqualified persons.			<u>'</u>
<u>e</u>			es payable (attach schedule)			
_	22	Other liabilities (describe	<b>▶</b>			
	23	Total liabilities (add lines	17 through 22)	•	NONE	
			FASB ASC 958, check here		110112	-
ces		and complete lines 24, 2				
티	24	Net assets without donor	restrictions			
Ba		Net assets with donor res				
힏			low FASB ASC 958, check here			
٥		and complete lines 26 throu				
or Fund Balan	26	Capital stock, trust princip	oal, or current funds	10,124,345.	10,982,963.	
		Paid-in or capital surplus, or la	and, bldg , and equipment fund			
Assets	28	Retained earnings, accumulat	ted income, endowment, or other funds			
Ä	29	Total net assets or fund	balances (see instructions)	10,124,345.	10,982,963.	
Net	30	Total liabilities and	net assets/fund balances (see			
				10,124,345.	10,982,963.	
			ges in Net Assets or Fund Bala		· · · · · · · · · · · · · · · · · · ·	
1			alances at beginning of year - Part		-	40 404 04-
_			on prior year's return)			10,124,345.
			ne 27a			819,194.
			ed in line 2 (itemize) > SEE STAT		3	187,907.
			CDD dman			11,131,446.
			line 2 (itemize) SEE STAT		5	148,483.
0	ıota	net assets or tund bal	ances at end of year (line 4 minus li	ne 5) - Part II, column (b	), line 29   6	10,982,963.

2 a PUBLICLY TRADED SECURITIES  b  c  d  d  e  (e) Gross sales price  (f) Depreciation allowed for allowable)  a 4,592,703  (i) Public for minus (g)  a 4,592,703  (ii) Algusted basis  as of 12/31/68  (ii) FMV as of 12/31/59  (iii) FMV as of 12/31/59  (iv) FMV as of 12	Pai	t IV Capital Gains	and Losses for Tax on Inve	estment Income			···
1a PUBLICLY TRADED SECURITIES b c d d e (e) Gross sales price (f) Depressation allowed (or alloweble) (or allow					acquired  P - Purchase	(mo., dav. vr )	(d) Date sold (mo., day, yr)
Capital gain net income or (net capital loss)   If gain, also enter in Part I, line 7   If (loss), enter -0 - in   Part I, line 8   Part I,	1 a	PUBLICLY TRADED	SECURITIES		D - DONALION		
e (e) Gross sales price (f) Depreciation allowed (or allowable) (g) Cost or other basis (h) Gain or (loses) (e) Gross sales price (or allowable) (gradiowable) (gradiowabl	b						
(ii) Gross sales price (iii) Cepreciation allowed (or allowable) (g) Cost or other basis plus expense of raile (iii) Gain or (flos) ((e) plus (f) minus (g)) ((e) plus (g))	c	<del>-</del>					
(a) Gross sales price (f) Depreciation allowed (or allowable) (a) Goot or other basis plus septemes of fall (file) plus (f) minus (g)) (a) 4,592,703. 3,395,336. 1,197,367. b. 3,395,336. 1,197,367. c. d.	<u>d</u>	<u> </u>					
Complete only for assets showing gain in column (ft) and owned by the foundation on 12/31/69.   Complete only for assets showing gain in column (ft) and owned by the foundation on 12/31/69.   Complete only for assets showing gain in column (ft) and owned by the foundation on 12/31/69.   Complete only for assets showing gain in column (ft) and owned by the foundation on 12/31/69.   Complete only for assets showing gain in column (ft) and owned by the foundation on 12/31/69.   Complete only for assets showing gain in column (ft) and owned by the foundation on 12/31/69.   Complete only for assets showing gain in column (ft) and owned by the foundation on 12/31/69.   (I) Gains (Col. (ht) gain minus of it, 1977, 367.   Col. (ht	<u> </u>			· · · · · · · · · · · · · · · · · · ·			
b Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.  (i) PMV as of 12/31/69 (i) Adjusted basis as of 12/31/69 (ii) Excess of cot. (i) over cot. (ii), if any collection of the collection		(e) Gross sales price					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.  (ii) FMV as of 12/31/69 (ii) Adjusted basis so f 12/31/69 (iii) Excess of col. (i) over col. (ii), if any col. (iii) In any col. (iii)	a	4,592,703.		3,395,336.		1,	197,367.
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.  (i) FMV as of 12/31/69  (ii) Adjusted basis as of 12/31/69  (iii) Adjusted basis as of 12/31/69  (iv) Excess of cot. (i) over cot. (ii), if any collection of 12/31/69  2 Capital gain net income or (net capital loss)  3 Net short-term capital gain or (loss) as defined in sections 12/21(5) and (b):     if gain, also enter in Part I, line 7     if (loss), enter -0- in Part I, line 7     if (loss), anter -0- in Part I, line 7     if gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8  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 isober for the section 4942 tax on the distributable amount of any year in the base period?  If Yes, the foundation dosen't qualify under section 4940(e). Do not complete this part.  1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.  (a) (a) (a) (b) (divided by column (c) (col (b) divided by col (c)) (col	<u>b</u>						
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/58.  (i) FMW as of 12/31/69 (ii) Adjusted basis as of 12/31/68 (k) Excess of cot. (i) over cot. (i), if any cot the foundation on 12/31/68 (c) (ii) Gains (Cot. (h) gain minus cot (h), but not less than -0-) or Losses (from cot. (h)) if any cot (h), but not less than -0-) or Losses (from cot. (h)) if gain, also enter in Part I, line 7 (if (loss), enter -0- in Part I, line 7 (if (loss), enter -0- in Part I, line 7 (if (loss), enter -0- in Part I, line 7 (if (loss), enter -0- in Part I, line 7 (if (loss), enter -0- in Part I, line 8 (loss), enter -0- in Part I, line 7 (loss), enter -0- in Part I, line 8 (loss), enter -0- in Part I, line 9 (loss), enter -0- in Part I, line 7 (loss), enter -0- in Part I, line 7 (loss), enter -0- in Part I, line 9 (loss), enter -0-	<u>c</u>						
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.  (i) FMV as of 12/31/69  (ii) Adjusted basis as of 12/31/69  (iii) Adjusted basis over col. (ii), flany  1, 197, 367  b  1, 197, 367  d  2 Capital gain net income or (net capital loss)  (if gain, also enter in Part I, line 7 ff (loss), enter -0- in Part I, line 7	<u>d</u>						
(ii) FMV as of 12/31/69 (ii) Adjusted basis as of 12/31/69 (iv) exercic. (iii), if any over col. (ii), if any over col. (iii) if any over col. (iii), if any over the col. (iii), if any o	е			40/04/00			
a		Complete only for assets sh	· ·				
b c d d e		(i) FMV as of 12/31/69			COI	Losses (from co	l. (h))
c d d e e e e e e e e e e e e e e e e e	a					1,	197,367.
Capital gain net income or (net capital loss)   If gain, also enter in Part I, line 7   If (loss), enter -0- in Part I, line 7   If (gain, also enter in Part I, line 7   If (gain, also enter in Part I, line 7   If (gain, also enter in Part I, line 8   If gain, also enter in Part I, line 8   If gain, also enter in Part I, line 8   If gain, also enter in Part I, line 8   If gain, also enter in Part I, line 8   If gain, also enter in Part I, line 8   If gain, also enter in Part I, line 8   If gain, also enter in Part I, line 8   If gain, also enter in Part I, line 8   If gain, also enter in Part I, line 8   If gain, also enter in Part I, line 7   If gain, also enter in Part I, line 8   If gain, also enter in Part I, line 7   If gain, also enter in Part I, line 8   If gain, also enter in Part I, line 7   If gain, also enter in Part I, line 1   If gain, also enter in Part I, line 1   If line 8   If gain, also enter in Part I, line 2   If gain, also enter in Part I, line 1   If line 8   If gain, also enter in Part I, line 4   If line 8   If gain, also enter in Part I, line	<u>b</u>						
The section 4940(d)(2) applies, leave this part blank.  Was the foundation liable for the section 4940(a) to the section 4940(a) to the section 4940(a) to the section 4940(a) to the section 4940(b) to noncharitable-use assets  The tendency before the section 4940(a) to the section 4940(a) to the section 4940(a) to the section 4940(b) to not complete this part.  The tenter the appropriate amount in each column for each year; see the instructions before making any entries.  Base period years  Columbia year to a period year year to a period year year year year year year year year						-	
2 Capital gain net income or (net capital loss)  { If gain, also enter in Part I, line 7   1 (loss), enter -0- in Part I, line 7   1 (loss), and enter in Part I, line 7   2							
The 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?  Figure 3 (a) Base periodyears (a) Base periodyears (ac) Base periodyears (	<u> </u>			in the sales is Book Line 7	<del></del>		
If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8		-	or (net capital loss) { If (lo	oss), enter -0- in Part I, line 7	2	1,	197,367.
Part I, line 8	3						
Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income		<del>-</del>		•			
For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.	Day				ocome		
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?  If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.  I Enter the appropriate amount in each column for each year; see the instructions before making any entries.  (a) (b) (c) (cot (b) divided by cot (c))  Base period years (a) (b) (cot (b) divided by cot (c))  2018 623,682. 13,168,874. 0.04736  2017 587,029. 12,544,529. 0.04679  2016 603,920. 12,077,639. 0.05000  2015 577,070. 12,016,888. 0.04802  2014 543,619. 11,972,378. 0.04500  2016 10 (cot (b) divided by cot (c))  2 Total of line 1, column (d) 2 0.23758  3 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 3 0.04751  4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5 4 13,440,887  5 Multiply line 4 by line 3. 5 638,671  6 Enter 1% of net investment income (1% of Part I, line 27b) 6 15,543  7 Add lines 5 and 6 7 654,214  8 Enter qualifying distributions from Part XII, line 4 7 715,444  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 service of the section of the part value of the part va						me l	
Enter the appropriate amount in each column for each year; see the instructions before making any entries.   (a)   (b)   (b)   (c)	Was	the foundation liable for	the section 4942 tax on the distrib		ase perio	d?	Yes X No
Calendar year for tex year beginning in)   Adjusted qualifying distributions   Net value of noncharitable-use assets   Calendar year for tex year beginning in)   Adjusted qualifying distributions   Net value of noncharitable-use assets   Calendar year for tex year beginning in)   Adjusted qualifying distributions   Net value of noncharitable-use assets   Calendar year for tex year beginning in)   Adjusted qualifying distributions   Net value of noncharitable-use assets   Calendar year for tex year beginning in)   Net value of noncharitable-use assets   Net v	_					trios	
Base period years   Adjusted qualifying distributions   Net value of noncharitable-use assets   Col (b) divided by col (c)					ig any en		
2018   623,682   13,168,874   0.04736		Base period years	(b) Adjusted qualifying distributions			Distribution ra	
2017       587,029.       12,544,529.       0.04679         2016       603,920.       12,077,639.       0.05000         2015       577,070.       12,016,888.       0.04802         2014       543,619.       11,972,378.       0.04540         2       Total of line 1, column (d)       2       0.23758         3       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       3       0.04751         4       Enter the net value of noncharitable-use assets for 2019 from Part X, line 5       4       13,440,887         5       Multiply line 4 by line 3       5       638,671         6       15,543         7       654,214         8       715,444         8       715,444         9       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 second complete that part using a 1% tax rate. See the second complete that part using a 1% tax rate. See the second complete that part using a 1% tax rate. See the second complete that part using a 1% tax rate. See the second complete that part using a 1% tax rate. See the second complete that part using a 1% tax rate. See the second complete that part using a 1% tax rate. See the second complete that part using a 1% tax rate. See the second complete that part using a 1% tax rate. See the second cof	Cale			13 168 874		(cor (b) divided by	
2016       603,920.       12,077,639.       0.05000         2015       577,070.       12,016,888.       0.04802         2014       543,619.       11,972,378.       0.04540         2       Total of line 1, column (d)       2       0.23758         3       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       3       0.04751         4       Enter the net value of noncharitable-use assets for 2019 from Part X, line 5       4       13,440,887         5       638,671         6       15,543         7       654,214         8       715,444         16 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 to the second control of the part using a 1% tax rate. See to the part using a 1% tax rate. See to the part using a 1% tax rate. See to the part using a 1% tax rate. See to the part using a 1% tax rate. See to the part using a 1% tax rate. See to the part using a 1% tax rate. See to the part using a 1% tax rate. See to the part using a 1% tax rate. See to the part using a 1% tax rate. See to the part using a 1% tax rate. See to the part using a 1% tax rate. See to the part using a 1% tax rate. See to the part using a 1% tax rate. See to the part using a 1% tax rate. See to the part using a 1% tax rate. See to the part using a 1% tax rate. See to the part using a 1% tax rate. See to the part using a 1% tax rate. See to the part using a 1% tax rate							
2015       577,070.       12,016,888.       0.04802         2014       543,619.       11,972,378.       0.04540         2 Total of line 1, column (d)       2 0.23758         3 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       3 0.04751         4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5       4 13,440,887         5 Multiply line 4 by line 3       5 638,671         6 Enter 1% of net investment income (1% of Part I, line 27b)       6 15,543         7 Add lines 5 and 6       7 654,214         8 Enter qualifying distributions from Part XII, line 4       8 715,444         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 second complete that part using a 1% tax rate. See the second complete that part using a 1% tax rate. See the second complete that part using a 1% tax rate. See the second complete that part using a 1% tax rate. See the second complete that part using a 1% tax rate. See the second complete that part using a 1% tax rate. See the second complete that part using a 1% tax rate. See the second complete that part using a 1% tax rate. See the second complete that part using a 1% tax rate. See the second complete that part using a 1% tax rate. See the second complete that part using a 1% tax rate. See the second complete that part using a 1% tax rate. See the second complete that part using a 1% tax rate. See the second complete that part using a 1% tax rate. See the second complete that							0.050003
Total of line 1, column (d)							0.048022
2 Total of line 1, column (d)							0.045406
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			0.00,0.00.1				
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	2	Total of line 1, column (	d)		2		0.237587
the number of years the foundation has been in existence if less than 5 years	3						
5 Multiply line 4 by line 3	_	•	·		3	<u> </u>	0.047517
6 Enter 1% of net investment income (1% of Part I, line 27b)	4	Enter the net value of no	oncharitable-use assets for 2019 fro	om Part X, line 5	4	13,	440,887.
7 Add lines 5 and 6	5	Multiply line 4 by line 3			5		638,671.
7 Add lines 5 and 6	6	Enter 1% of net investm	ent income (1% of Part I, line 27h) .	, , , , , , , , , , , , , , , , , , , ,	6		15,543.
8 Enter qualifying distributions from Part XII, line 4					7		· ·
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 t							
Part VI instructions.	8					using a 1% tax	

Form **990-PF** (2019)

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Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	ıction	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1	,		i
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)		_	. : :
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		15,!	543.
	here X and enter 1% of Part I, line 27b			•
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of			• - •
	Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			NONE
3	Add lines 1 and 2		15,	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			NONE
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		15,5	<u> </u>
6	Credits/Payments.			
a	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 31,521.			
b	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868) 6c NONE			
d	Backup withholding erroneously withheld	•	31,5	521
7 8	Total credits and payments. Add lines 6a through 6d		<u> </u>	721.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	-	15,9	978
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax   15,544. Refunded  11			134.
Part	VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		X
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	1b		<u>X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.			
C	Did the foundation file Form 1120-POL for this year?	1c		<u>X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.			
	(1) On the foundation ► \$ (2) On foundation managers ► \$			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers. > \$		-	,,
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		<u> </u>
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	٠,	-	- <sub>V</sub>
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	48		
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b 5		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			
£	If "Yes," attach the statement required by General Instruction T.  Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
6	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			_
	conflict with the state law remain in the governing instrument?	6	X	}
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
	GA			
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			.
	(or designate) of each state as required by General Instruction G7If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes,"			
	complete Part XIV	9		<u> </u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		X
		rm <b>99</b>	0-PF	(2019)

Part	VII-A Statements Regarding Activities (continued)			
	•		Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement See instructions	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ► SUNTRUST BANK  Telephone no. ► (404) 813	-930	4	
	Located at ▶ P.O. BOX 1908, ORLANDO, FL ZIP+4 ▶ 32802-			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		•	$\Box$
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country			
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.		Yes	No
1a	During the year, did the foundation (either directly or indirectly).			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			1
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disgualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			ĺ
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			ĺ
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
ь	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in			
_	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		Х
	Organizations relying on a current notice regarding disaster assistance, check here			
_	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 2019?	1c		Х
2	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)).	Ī		
a	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			
_	6d and 6e) for tax year(s) beginning before 2019?			
	If "Yes," list the years			
ь	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
Ī	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			İ
	all years listed, answer "No" and attach statement - see instructions.)	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
-	>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			İ
ь	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or			Ī
~	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			Ī
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			ı
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the			ı
	foundation had excess business holdings in 2019.)	3b		
Дn	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u>X</u>
	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 2019?	4b		Х
	John Mary Committee of the Committee of			<del></del> -

Par	t VII-B	Statements Regarding Activities	or Which Form 4	1720 May Be Red	uired (contin	ued)			
5a	During the	year, did the foundation pay or incur any amo	ount to:	<u> </u>				Yes	No
	(1) Carry	on propaganda, or otherwise attempt to influe	nce legislation (sectio	n 4945(e))?	. Yes	X No			,
		nce the outcome of any specific public ele					,		
	direct	y or indirectly, any voter registration drive?			. Yes	X No	2		
		e a grant to an individual for travel, study, or o				X No		,	į
		e a grant to an organization other than a	• •						î
		n 4945(d)(4)(A)? See instructions	_			X No			
		e for any purpose other than religious, c							1
		ses, or for the prevention of cruelty to children				X No			` ;
b		swer is "Yes" to 5a(1)-(5), did any of the				ibed in			
		s section 53.4945 or in a current notice regain			•		5b	-	_
	Organizatı	ons relying on a current notice regarding disas	ster assistance, check	here		▶			
C	If the an	swer is "Yes" to question 5a(4), does the	foundation claim e	xemption from the	ax		1		
	because it	maintained expenditure responsibility for the	grant?		. Yes	No			,
	If "Yes," at	tach the statement required by Regulations se	ction 53.4945-5(d).						
6a	Did the f	oundation, during the year, receive any ful	nds, directly or indir	ectly, to pay premiu	ms				į
	on a perso	nal benefit contract?			Yes	X No			
b	Did the fo	undation, during the year, pay premiums, direc	tly or indirectly, on a	personal benefit contr	act?		6b		X
	If "Yes" to	6b, file Form 8870.						ĺ	
7a	At any tim	e during the tax year, was the foundation a pa	rty to a prohibited tax	shelter transaction?.	. Yes	X No	·		- 4
þ	lf "Yes," di	d the foundation receive any proceeds or have	any net income attrib	outable to the transact	ion?		7b		
8		dation subject to the section 4960 tax on pay					٠.		'
	remunerat	on or excess parachute payment(s) during the	year?		. Yes	X No	1		,
Par	VIII	Information About Officers, Directo and Contractors	rs, Trustees, Fou	indation ivianage	s, Hignly Pai	a Employ	ees,		
	1 :-4 -II -#	icers, directors, trustees, and foundatio	n managers and th	i	Con instruction	ne			
1	LIST All Off	ecis, directors, trastees, and touridation							
1	LIST All Off	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (lf not paid, enter -0-)	(d) Contribution employee benefit and deferred compe	s to plans (e	) Expens other all		
	STATEM	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contribution employee benefit	s to plans (e			
		(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contribution employee benefit	s to plans (e			
		(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contribution employee benefit	s to plans (e			
		(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contribution employee benefit	s to plans (e			
		(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contribution employee benefit	s to plans (e			
		(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contribution employee benefit	s to plans (e			
		(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contribution employee benefit	s to plans (e			
SEE	STATEM	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (lf not paid, enter -0-)	(d) Contribution employee benefit and deferred compe	s to (en plans nasation	other all	owance	es .
SEE	STATEM	(a) Name and address ENT 12	(b) Title, and average hours per week devoted to position	(c) Compensation (lf not paid, enter -0-)	(d) Contribution employee banefit and deferred compe	tructions).	other allo	one, (	enter
SEE	STATEM	(a) Name and address ENT 12	(b) Title, and average hours per week devoted to position	(c) Compensation (lf not paid, enter -0-)	(d) Contribution employee benefit and deferred compe	tructions).	other all	one, (	enter
2 (a)	Compensa "NONE."	(a) Name and address ENT 12  tion of five highest-paid employees	(b) Title, and average hours per week devoted to position  (other than thos	(c) Compensation (lf not paid, enter -0-)  e included on lin (c) Compensation	(d) Contribution employee benefit and deferred compe  1 - see ins (d) Contribution employee ben plans and defe compensation	tructions).	If no	one, (	enter
SEE	Compensa "NONE."	(a) Name and address ENT 12  tion of five highest-paid employees	(b) Title, and average hours per week devoted to position  (other than thos	(c) Compensation (lf not paid, enter -0-)  e included on lin	(d) Contribution employee benefit and deferred compe  1 - see ins (d) Contribution employee benefit employee benefit and and defered compe	tructions).	If no	one, (	enter
2 (a)	Compensa "NONE."	(a) Name and address ENT 12  tion of five highest-paid employees	(b) Title, and average hours per week devoted to position  (other than thos	(c) Compensation (lf not paid, enter -0-)  e included on lin (c) Compensation	(d) Contribution employee benefit and deferred compe  1 - see ins (d) Contribution employee ben plans and defe compensation	tructions).	If no	one, (	enter
2 (a)	Compensa "NONE."	(a) Name and address ENT 12  tion of five highest-paid employees	(b) Title, and average hours per week devoted to position  (other than thos	(c) Compensation (lf not paid, enter -0-)  e included on lin (c) Compensation	(d) Contribution employee benefit and deferred compe  1 - see ins (d) Contribution employee ben plans and defe compensation	tructions).	If no	one, (	enter
2 (a)	Compensa "NONE."	(a) Name and address ENT 12  tion of five highest-paid employees	(b) Title, and average hours per week devoted to position  (other than thos	(c) Compensation (lf not paid, enter -0-)  e included on lin (c) Compensation	(d) Contribution employee benefit and deferred compe  1 - see ins (d) Contribution employee ben plans and defe compensation	tructions).	If no	one, (	enter
2 (a)	Compensa "NONE."	(a) Name and address ENT 12  tion of five highest-paid employees	(b) Title, and average hours per week devoted to position  (other than thos	(c) Compensation (lf not paid, enter -0-)  e included on lin (c) Compensation	(d) Contribution employee benefit and deferred compe  1 - see ins (d) Contribution employee ben plans and defe compensation	tructions).	If no	one, (	enter
2 (a)	Compensa "NONE."	(a) Name and address ENT 12  tion of five highest-paid employees	(b) Title, and average hours per week devoted to position  (other than thos	(c) Compensation (lf not paid, enter -0-)  e included on lin (c) Compensation	(d) Contribution employee benefit and deferred compe  1 - see ins (d) Contribution employee ben plans and defe compensation	tructions).	If no	one, (	enter
2 (a)	Compensa "NONE."	(a) Name and address ENT 12  tion of five highest-paid employees	(b) Title, and average hours per week devoted to position  (other than thos	(c) Compensation (lf not paid, enter -0-)  e included on lin (c) Compensation	(d) Contribution employee benefit and deferred compe  1 - see ins (d) Contribution employee ben plans and defe compensation	tructions).	If no	one, (	enter
2 (a)	Compensa "NONE."	(a) Name and address ENT 12  tion of five highest-paid employees	(b) Title, and average hours per week devoted to position  (other than thos	(c) Compensation (lf not paid, enter -0-)  e included on lin (c) Compensation	(d) Contribution employee benefit and deferred compe  1 - see ins (d) Contribution employee ben plans and defe compensation	tructions).	If no	one, (	enter
2 (a)	Compensa "NONE."	(a) Name and address ENT 12  tion of five highest-paid employees	(b) Title, and average hours per week devoted to position  (other than thos  (b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)  e included on lin  (c) Compensation  NONE	(d) Contribution employee benefit and deferred compe  1 - see ins (d) Contribution employee ben plans and defe compensation	tructions).	If no	one, (	enter

Part VIII	. Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emplo and Contractors (continued)	yees,
3 Five I	nighest-paid independent contractors for professional services. See instructions. If none, enter "NONI	. "
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
SEE ST	CATEMENT 14	
Total numb Part IX-A	er of others receiving over \$50,000 for professional services	NONE
List the fou	ndation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of is and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1NONE		
2		
		···
3		
4		
Part IX-B	Summary of Program-Related Investments (see instructions)	
1 NONE	two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
2		
All other pro	gram-related investments. See instructions	
<u> </u>		
Total, Add I	ines 1 through 3	

Form **990-PF** (2019)

Par	Minimum Investment Return (All domestic foundations must complete this part see instructions.)	. Foreign founda	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable,	etc.,	
	purposes:		
а	a Average monthly fair market value of securities	1a	13,416 <u>,</u> 988.
b	b Average of monthly cash balances	1b	228,583.
C	Fair market value of all other assets (see instructions)	1c	NONE
d	d Total (add lines 1a, b, and c)		13,645,571.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d		13,645,571.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount,		•
	instructions)	4	204,684.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, li	ne 4 5	13,440,887.
6	Minimum investment return. Enter 5% of line 5	6	672,044.
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating and certain foreign organizations, check here and do not complete this part.)	g foundations	•
1	Minimum investment return from Part X, line 6	1	672,044.
-		543.	0/2/011.
<b>48</b>	· · · · · · · · · · · · · · · · · · ·	<del>5 4 5 .</del>	
	b Income tax for 2019. (This does not include the tax from Part VI.) 2b		15,543.
C		• • • • • • • • • • • • • • • • • • • •	656,501.
3	•	* * *	NONE
4	Recoveries of amounts treated as qualifying distributions		656,501.
5	Deduction from distributable amount (see instructions)		NONE
6	Deduction from distributable amount (see instructions)	· · · · <del></del>	NONE
7		_	656,501.
	line 1	••• /	030,301.
Par	Int XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	· · · 1a	715,444.
b	Program-related investments - total from Part IX-B		
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable,	etc.,	
	purposes	2	NONE_
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, I	ine 4 4	715,444.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment inc	ome.	
	Enter 1% of Part I, line 27b. See instructions	5	15,543.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	699,901.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years wh	en calculating w	hether the foundation
	qualifies for the section 4940(e) reduction of tax in those years.		

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Page 9

Pa	rt XIII Undistributed Income (see instr	ructions)			
1	Distributable amount for 2019 from Part XI,	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
•	line 7				656,501.
2	Undistributed income, if any, as of the end of 2019				
	Enter amount for 2018 only			607,358.	
b	Total for prior years 20,20,20		NONE		
ż	Excess distributions carryover, if any, to 2019:	7 p p 14 pt 21 pt 21 pt 21 pt 21 pt 21 pt 21 pt 21 pt 21 pt 21 pt 21 pt 21 pt 21 pt 21 pt 21 pt 21 pt 21 pt 21	ru with the	t 1 111 4	
а	From 2014 NONE				
b	From 2015 NONE	rtilly n in	my interest		
C	From 2016 NONE				
d	From 2017 NONE				
е	From 2018 NONE				·-··
	Total of lines 3a through e	NONE			
4	Qualifying distributions for 2019 from Part XII,				
	line 4. ▶ \$ 715,444.			605.350	
8	Applied to 2018, but not more than line 2a			607,358.	
b	Applied to undistributed income of prior years (Election required - see instructions)		NONE		
C	Treated as distributions out of corpus (Election				
	required - see instructions)	NONE			100 006
	Applied to 2019 distributable amount	NONT			108,086.
	Remaining amount distributed out of corpus Excess distributions carryover applied to 2019	NONE			
_	(If an amount appears in column (d), the same amount must be shown in column (a).)	NONE			NONE
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	NONE			
b	Prior years' undistributed income. Subtract		17017		
	line 4b from line 2b		NONE		
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)		NONE		
	tax has been previously assessed		NONE	1	
d	Subtract line 6c from line 6b. Taxable amount - see instructions		NONE		
е	Undistributed income for 2018. Subtract line				
	4a from line 2a. Taxable amount - see instructions				
f	Undistributed income for 2019. Subtract lines				
	4d and 5 from line 1. This amount must be				548,415.
	distributed in 2020				340,413.
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)	NONE			
R	Excess distributions carryover from 2014 not				
Ŭ	applied on line 5 or line 7 (see instructions)	NONE			
9	Excess distributions carryover to 2020.				
	Subtract lines 7 and 8 from line 6a	NONE			· · · · · · · · · · · · · · · · · · ·
10	Analysis of line 9:		, ,	,	
a	Excess from 2015 NONE		1 /4* /		
b	Excess from 2016 NONE	, , 11 , 40 , 4 m	SAMPLER S. A. III	İ	
C	Excess from 2017 NONE		و جد په مسيو پري		
	Excess from 2018 NONE		4 4 4 1 4 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1		
е	Excess from 2019 NONE				

Forn	n 990-PF (2019)			20-	<u>0545315</u>			Page 10
Pa	rt XIV Private Op	erating Foundations	s (see instructions	and Part VII-A, questi	ion 9)		NOT	APPLICABI
1 a	If the foundation has	received a ruling or o	letermination letter th	at it is a private oper	ating			
	foundation, and the ruling	g is effective for 2019, en	ter the date of the rulin	g	▶			
ь	Check box to indicate					4942(	)(3) or	4942(j)(5)
2a	Enter the lesser of the ad-	Tax year	<u> </u>	Prior 3 years	· · · · · · · · · · · · · · · · · · ·		T	
	justed net income from Part		(b) 2018	(c) 2017	(d) 20		1	(e) Total
	I or the minimum investment		(5) 2010	(0) 2017	(4) 20	710	<del>                                     </del>	<del>/</del>
	return from Part X for each				Ì		/	
	year listed			<del>-</del>	<del>                                     </del>			
Þ	85% of line 2a				<del>                                     </del>	_/_		
C	Qualifying distributions from Part							
	XII, line 4, for each year listed					<del></del> -		
u	Amounts included in line 2c not used directly for active conduct of exempt activities							
e	Qualifying distributions made							
	directly for active conduct of							
	exempt activities Subtract line 2d from line 2c							
3	Complete 3a, b, or c for the							
	alternative test relied upon						İ	
а	"Assets" alternative test - enter							
	(1) Value of all accets - · · · (2) Value of assets qualifying	<del></del>		<del> </del>	+	· - · · · · · · · · · · · · · · · · · ·		<del></del>
	under section							
_	4942(i)(3)(R)(i)						<del> </del>	
b	"Endowment" alternative test- enter 2/3 of minimum invest-	/						
	ment return shown in Part X,							
	line 6 for each year listed			<del></del>	<del>  \                                   </del>			
C	"Support" alternative test - enter							
	(1) Total support other than gross investment income	/						
	(interest, dividends, rents,	,			1		Ì	
	payments on securities loans (section 512(a)(5)),	Ĩ						
	or royalties).							
	(2) Support from general public apa 5 or more					`		
	exempt organizations as							
	provided in section 4942							
	(3) Largest amount of sup-							
	port from an exempt organization							
	(4) Gross investment income .							<u> </u>
Pai	rt XV Supplemen	ntary Information (	Complete this par	t only if the founda	ation had \$	5,000 o	r more	in assets at
	any time de	uring the year - see	instructions.)					
	Information Regarding							
а	List any managers of						ed by the	he foundation
	before the close of any	tax year (but only if th	ney have contributed	more than \$5,000). (S	ee section 50	07(d)(2).)		
	NONE							
Ь	List any managers of	the foundation who	own 10% or more	of the stock of a corp	oration (or a	an oqually	/ large p	ortion of the
	ownership of a partner	ship or other entity) of	f which the foundation	n has a 10% or greater	interest.			
	NONE							
2	Information Regarding	Contribution, Grant,	Gift, Loan, Scholarsl	hip, etc., Programs:				
	Check here ▶ if t	he foundation only	makes contributions	to preselected char	itable organ	izations a	and doe	s not accent
				rants, etc., to individua				
	complete items 2a, b,			,,	<b>3</b>			
a	The name, address, an			e person to whom appl	lications shou	ıld be add	ressed:	
_	SEE STATEMENT 1	· ·		- paradir 15 11115111 dpp.				
	The form in which app		mitted and informat	ion and materials they	should includ	le·		
	• •			and materials tricy	uiu illolut			
	SEE ATTACHED ST	TWIEWENT LOK PI	.INC Z					
	Any submission deadling	noc'			<del>-</del>		-	<del></del>
C			·ND 0					
	SEE ATTACHED ST	TATEMENT FOR LI	NE Z					
	Ann makulating			mandiant annua als 9	.h. 2:-1-1- 1	Life at a - 2		
a	Any restrictions or li factors:	mitations on awards,	, such as by geog	rapnicai areas, charita	ible fleids, i	kinas of	เทรtเชนเด	nis, or otner
		na mmi						
JSA	SEE ATTACHED ST	TATEMENT FOR LI	NE Z					000 PF
JJA							Form 9	990-PF (2019)

Page **11** 

Recipient Name and address (home or business)  a Paid during the year  SEE STATEMENT 26	show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recipient		592,500.
				592,500.
SEE STATEMENT 26				592,500.
SEE STATEMENT 20				332,300.
			1	
			1	
			1	
•				
Total			▶ 3a	592,500.
<b>b</b> Approved for future payment				
Total			▶ 3b	

Enter gross amounts unless otherwise indicated.	Unrelated	d business income	Excluded by se	ection 512, 513, or 514	(e) Related or exempt
1 Program service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
a					(occ management)
b		<u>.</u>			
С					
d					
θ					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments	•				
3 Interest on savings and temporary cash investments			14	270,237.	
4 Dividends and interest from securities	•	0 05 01 05 65	1 1 1	210,231.	
5 Net rental income or (loss) from real estate.					<del></del>
<ul><li>a Debt-financed property</li><li>b Not debt-financed property</li></ul>					<del> </del>
6 Net rental income or (loss) from personal property	- I - I				
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventor			18	1,197,367.	
9 Net income or (loss) from special events · · ·					
O Gross profit or (loss) from sales of inventory					
1 Other revenue: a					
b PARTNERSHIP/S-CORP			1	159,169.	
c					
d					
e				1 40 4 770	<del></del>
2 Subtotal. Add columns (b), (d), and (e)		<del> </del>		1,626,773.	1 606 882
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify call				13	1,626,773
Part XVI-B Relationship of Activitie		omplishment of	Exempt Purpo	ses	
Line No. Explain below how each activ					ted importantly to th
P. L. A. Call C. Jack					
accomplishment of the foundat	ilon s exempt p	- Carposes (other than	Toy providing it		,, (000 mon donomon)
				····	
				· ·· · · · · · · · · · · · · · · · · ·	
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		<del></del>			
			····	<del></del>	

· ·	Organizations	egarning Fran	sters to and trai	nsactions and	d Relationships With Non-	charitable	: Ехс	mpt
1' Did th		ly or indirectly i	engage in any of the	following with	any other organization describ	nd l	Yes	No
in se	ction 501(c) (other	than section	501(c)(3) organizati	ions) or in se	ection 527, relating to politi	ral	res	140
organ	izations?			01.07 01 111 30	cotion 327, relating to point	Cai		
a Transf	fers from the reporting	g foundation to	a noncharitable exem	nt organization	v of:			
(1) Ca	ish	• • • • • • • • •				18(1)		Х
(2) 0	ner assets	· · · · · · · · · ·				1a(2)		<u>X</u>
<b>b</b> Other	transactions.					1.0,27		
(1) Sa	les of assets to a non-	charitable exem	nt organization			15(1)	1	<u>X</u>
(2) Pu	rchases of assets from	n a noncharitah	le exempt organizatio			15(7)		X
(3) Re	ntal of facilities, equip	oment, or other	assets	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1b(3)		X
(4) Re	imbursement arrange	ements				1b(4)		X
(5) Lo	ans or loan guarantee	es				1b(5)		Χ
(6) Pe	rformance of services	or membershir	or fundraising solici	tations		1b(6)		X
c Sharin	g of facilities, equipm	ent, mailing list	s. other assets or nai	d employees		1c		X
d If the	answer to any of th	e above is "Yo	s." complete the foll	a cinployees : owing schedule	e. Column (b) should always :	show the	fair m	
value	of the goods, other	assets, or servi	ces given by the rep	orting foundate	on. If the foundation received	less than	fair m	arket
value	in any transaction or	sharing arrang	ement, show in colu	mn (d) the val	ue of the goods, other assets,	or service	s rece	ıved.
(a) Line no.	(b) Amount involved		onchantable exempt organ		Description of transfers, transactions, an			
			·····					
								***************************************
			·					
2a is the	foundation directly	or indirectly aff	filiated with, or relate	ed to, one or n	nore tax-exempt organizations			
						Ye	s X	No
	s," complete the follow							
	(a) Name of organizatio		(b) Type of org	anızation	(c) Description of rel	ationship		
Unde	er penalyles of perjury decla	are that I have exami	ned this return, including acc	ompanying schedules	and statements and to the best of my kn	owledge and t	elief, it	is Ima,
	er penalties of perjury 1 decision of	f preparer Jother than to	expayer) is based on all informa	100 of which propared		he IRS discus	a shia	
Sign	Dre Dill	en Xin	$\gamma \mid X \mid X \mid T$	avau D UN	1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1	he prepare <u>r s</u>		
Here Sign	nature of officer or trustee	//	Date	Title	See ins	tructions X	Yes	No
5,9		$\mathcal{O}$			<u> </u>			
	Print/Type preparer's nat	me	Preparer's signature		Date Check	if PTIN		
Paid	JENNIFER AVE		Donnite	Averett	08/13/2020 self-employ	red P002	818	35
Preparer	OFMATLEY WAS	ANCH BANKI		<u>, , , , , , , , , , , , , , , , , , , </u>		56-0149		
•	. 20	BOX 2907	- TRUST TAX DI	?PT				
Jse Only			- IVONI IWY DI	27894-	2907 Phone no 84	4-382-3	122	
	WI	LSON, NC		21071		Form 99		(2019)

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES 

NET INVESTMENT INCOME	7,036. 13,472. 147,766. 2,989. 93,958. 4,990. 270,237.
REVENUE AND EXPENSES PER BOOKS	7,036. 13,472. 147,766. 2,989. 93,958. 4,990. 270,237.
DESCRIPTION	USGI REPORTED AS NONQUALIFIED DIVIDENDS FOREIGN DIVIDENDS DOMESTIC DIVIDENDS US GOVERNMENT INTEREST REPORTED AS QUALI NONQUALIFIED FOREIGN DIVIDENDS NONQUALIFIED DOMESTIC DIVIDENDS SECTION 199A DIVIDENDS

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- OTHER INCOME FORM 990PF, PART I

NET INVESTMENT EXPENSES PER BOOKS REVENUE AND

144,622.

PARTNERSHIP INCOME

DESCRIPTION

TOTALS

144,622. 159,169. 159,169. 

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FEES	
ACCOUNTING	
- ACC	
	i
H	ľ
PART	
990PF,	
99	ii Ii
	ij
2.	4
FORM	ij

CHARITABLE PURPOSES	2,500.
ADJUSTED NET INCOME	NONE
NET INVESTMENT INCOME	NONE
REVENUE AND EXPENSES PER BOOKS	2,500.
DESCRIPTION	TAX PREPARATION FEE (NON-ALLOC TOTALS

FEES	
PROFESSIONAL	
- OTHER	
н	II
PART	
990PF,	
FORM	

CHARITABLE PURPOSES	35,960.	
NET INVESTMENT INCOME	35,960. 35,960. ==========	
REVENUE AND EXPENSES PER BOOKS	71,919. 71,919. ===========	
DESCRIPTION	INVESTMENT MANAGEMENT FEES TOTALS	

ഹ

FORM 990PF, PART I - TAXES 

NET INVESTMENT INCOME	₽ .	1,393.
REVENUE AND EXPENSES PER BOOKS	1,168. 2,688. 31,521. 225.	35,602.
DESCRIPTION	FOREIGN TAXES FEDERAL TAX PAYMENT - PRIOR YE FEDERAL ESTIMATES - PRINCIPAL FOREIGN TAXES ON NONQUALIFIED	TOTALS

9

STATEMENT

	•	CHARITABLE PURPOSES
20-0545315		NET INVESTMENT INCOME
JACK AND ANNE GLENN CHARITABLE FOUNDATIO	FORM 990PF, PART I - OTHER EXPENSES ==================================	REVENUE AND EXPENSES PER BOOKS
JACK AND ANNE G	FORM 990PF, PAR	DESCRIPTION

84,484.

105,058.

TOTALS

20,574.

84,484.

20,574.

84,484. 20,574.

OTHER ALLOCABLE EXPENSE-PRINCI FROM PARTNERSHIP/S-CORP

		a
		_

20-0545315

FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION

048607105 ATLANTIC INVT CO CDT 191216100 COCA-COLA CO COM

TOTALS

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FOUNDATIO	
CHARITABLE FOUNDATIO	
JACK AND ANNE GLENN	
ANNE	
AND	
JACK	

20-0545315

		111111111111111111111111111111111111111
FORM 990PF, PART II - OTHER INVESTMENTS		
ESCRIPTION	COST/ FMV C OR F	ENDING BOOK VALUE
21910501 VANGUARD WORLD IN 33203827 DFA LARGE CAP VAL 64287598 ISHARES TR RUSSEL 33203421 DFA EMERGING MKTS	טטטט	514,732.
97001151 BANK OF AMERICA C 64287473 ISHARES RUSSELL M 97001FA5 AMERICAN INTL GRC 97001WJ7 AMERICAN INTL 200 970012C5 AMGEN INC CLASS A	บบบบบ	287,942.
33203819 DFA US SMALL CAP 64287614 ISHARES TR RUSSE 64288273 ISHARES TR MSCI	ָט ט ט	
43916688 LORD ABBETT SH 7283A102 T RWE PR QM US 58620103 DOUBLELINE TOT 33203371 DFA INTL CORE	០០០០	391,726. 409,544. 491,102.
97001YG1 AVON PR 9NETA4K6 LIGHTHC 5775L408 T ROWE 57663669 WESTERN	ט ט ט ט נ	1,042,000. 299,544. 1,101,040.
CAP NSON LASS LL MI L IND HIGH ELL 1 DLUEM	טטטטטטטטט	266,774. 1,303,572. 136,160. 264,075.

398,317. 418,581. 501,944.

646,430.

ENDING FMV 554,120.

1,900,946. 611,547. 1,161,352. 611,693. 1,604,849. 139,385. 326,853.

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ENDING FMV 	266,421. 268,899. 2,214,000. 643,236. 225,648. 282,508. 1,059,901. 1,059,901.
ENDING BOOK VALUE	221,218. 255,321. 916,000. 590,969. 234,000. 277,471. 95,001. 968,193. 
COST/ FMV CORF	C C C C C C C C C
DESCRIPTION	997001YQ9 CVS CLASS ACTION 997001TM4 MERCK - CLASS ACTION 997001YB2 BAXTER INTERNATIONAL 04314H667 ARTISAN INTL VALUE F 277902235 EATON VANCE-ATLANTA 191216100 COCA-COLA CO COM 0075W0759 EDGEWOOD GROWTH FUND 048607105 ATLANTIC INVT CO CDT 921937686 VANGUARD SMALL CAP V 131649766 CALVERT EMERG MRKTS 92206C698 VANGUARD RUSSELL 100

20-0545315

JACK AND ANNE GLENN CHARITABLE FOUNDATIO

FORM 990PF, PART II - OTHER INVESTMENTS

FORM 990PF,

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES \_\_\_\_\_\_

DESCRIPTION	AMOUNT
SG COST BASIS ADJUSTMENT	40,482.
NORO MOSLEY VII LP CAPITAL CONTRIBUTION	50,000.
ESP III QUALIFIED CAPITAL CONTRIBUTION	90,000.
BOOK VALUE ADJUSTMENT NORO MOSLEY VII LP	•
BOOK VALUE ADJUSTMENT NORO MOSLEY VI LP	
MF TIMING DIFFERENCE SUBTRACTION	7,425.
III IIIING DIII BREMCE GODINGICIION	,,123.
TOTAL	187,907.
TOTAL	167,307.
	==========

FORM 990PF,	PART III -	OTHER DECREA	ASES IN NET	WORTH OR	FUND BALANCES
=========	========	=========	========	=======	=========

DESCRIPTION	AMOUNT
MF TIMING DIFFERENCE ADDITION	6,671.
BOOK VALUE ADJUSTMENT SG REAL ESTATE LP	80,682.
BOOK VALUE ADJUSTMENT ESP III QUALIFIED ROUNDING	61,129. 1.
TOTAL	148,483.

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES 

OFFICER NAME:

ALSTON GLENN

ADDRESS:

P.O. BOX 4655

ATLANTA, GA 30302

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

JACK GLENN

ADDRESS:

P.O. BOX 4655

ATLANTA, GA 30302

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

LEWIS GLENN

ADDRESS:

P.O. BOX 4655

ATLANTA, GA 30302

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

MARTI GLENN PHILLIPS

ADDRESS:

P.O. BOX 4655

ATLANTA, GA 30302

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:

JEAN GLENN

ADDRESS:

P.O. BOX 4655

ATLANTA, GA 30302

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

LIBBY LANIER

ADDRESS:

P.O. BOX 4655

ATLANTA, GA 30302

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

AMANDA GLENN BRADY

ADDRESS:

P.O. BOX 4655

ATLANTA, GA 30302

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

SAUNDERS GLENN BOHAN

ADDRESS:

P.O. BOX 4655

ATLANTA, GA 30302

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

990PF, PART VIII- COMPENSATION OF THE FIVE HIGHEST PAID PROFESSIONALS 

NAME:

SUNTRUST BANK

ADDRESS:

P.O. BOX 1908, ORLANDO, FL 32802-1908

TYPE OF SERVICE:

INVESTMENT MANAGEMEN

COMPENSATION ..... 71,919.

COMPENSATION EXPLANATION:

INVESTMENT MANAGEMENT FEES

TOTAL COMPENSATION:

71,919.

==========

RECIPIENT NAME:

HTTP://FDNWEB.ORG/GLENN

FORM, INFORMATION AND MATERIALS:

HTTP://FDNWEB.ORG/GLENN

SUBMISSION DEADLINES:

HTTP://FDNWEB.ORG/GLENN

RESTRICTIONS OR LIMITATIONS ON AWARDS:

://FDNWEB.ORG/GLENN

RECIPIENT NAME:

COVENANT HOUSE GEORGIA INC

ADDRESS:

1559 JOHNSON ROAD NW

ATLANTA, GA 30318

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

CHARITABLE

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

AMOUNT OF GRANT PAID ..... 25,000.

RECIPIENT NAME:

NATIONAL MULTIPLE SCLEROSIS SOCIETY

ADDRESS:

3101 INDUSTRIAL DRIVE

RALEIGH, NC 27609

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

CHARITABLE

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

5,000. AMOUNT OF GRANT PAID .....

RECIPIENT NAME:

STEER SMART INC

ADDRESS:

2835 HOWELL MILL RD NW

ATLANTA, GA 30327-1333

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

CHARITABLE

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

AMOUNT OF GRANT PAID ...... 10,000.

. JACK AND ANNE GLENN CHARITABLE FOUNDATIO 20-0545315 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: URBAN RECIPE INC ADDRESS: 645 GRANT ST SE ATLANTA, GA 30312 RELATIONSHIP: NONE PURPOSE OF GRANT: CHARITABLE FOUNDATION STATUS OF RECIPIENT: EXEMPT AMOUNT OF GRANT PAID ..... 15,000. RECIPIENT NAME: MARIETTA MENTORING LEADERSHIP PROGRAM ADDRESS: 1171 WHITLOCK AVE SW MARIETTA, GA 30080 RELATIONSHIP: NONE PURPOSE OF GRANT: CHARITABLE FOUNDATION STATUS OF RECIPIENT: EXEMPT 5,000. AMOUNT OF GRANT PAID ...... RECIPIENT NAME: ACORNS TO OAKS FOUNDATION ADDRESS: 2870 PEACHTREE ROAD ATLANTA, GA 30305 **RELATIONSHIP:** NONE PURPOSE OF GRANT: CHARITABLE

AMOUNT OF GRANT PAID .....

EXEMPT

FOUNDATION STATUS OF RECIPIENT:

20,000.

. JACK AND ANNE GLENN CHARITABLE FOUNDATIO 20-0545315 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: AN ACHIEVABLE DREAM VIRGINIA BEACH INC ADDRESS: 912 S BIRDNECK RD VIRGINIA BEACH, VA 23451 RELATIONSHIP: NONE PURPOSE OF GRANT: CHARITABLE FOUNDATION STATUS OF RECIPIENT: EXEMPT AMOUNT OF GRANT PAID ...... 50,000. RECIPIENT NAME: DYSLEXIA RESOURCE TRUST INC

RECIPIENT NAME:

DYSLEXIA RESOURCE TRUST INC
ADDRESS:

282 MT PARAN RD
ATLANTA, GA 30327
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
CHARITABLE

FOUNDATION STATUS OF RECIPIENT: EXEMPT

AMOUNT OF GRANT PAID ..... 10,000.

RECIPIENT NAME:
GOOD FRIENDS OF THE LOWCOUNTRY
ADDRESS:
164 MARKET STREET STE 137
CHARLESTON, SC 29401
RELATIONSHIP:
NONE
PURPOSE OF GRANT:

CHARITABLE
FOUNDATION STATUS OF RECIPIENT:
EXEMPT

RECIPIENT NAME:

SAINT FRANCIS SERVICE DOGS

ADDRESS:

8232 ENON DR

ROANOKE, VA 24019

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID ...... 25,000.

RECIPIENT NAME:

FAMILIES OF AUTISTIC CHILDREN, TIDEWATER

ADDRESS:

120 S. LYNNHAVEN RD, SUITE 200

VIRGINIA BEACH, VA 23452

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

CAMP SCHOLARSHIPS

FOUNDATION STATUS OF RECIPIENT:

15,000. AMOUNT OF GRANT PAID ......

RECIPIENT NAME:

ASHLEY HALL FOUNDATION

ADDRESS:

172 RUTLEDGE AVE

CHARLESTON, SC 29403

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

CHARITABLE

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

AMOUNT OF GRANT PAID ..... 25,000. JACK AND ANNE GLENN CHARITABLE FOUNDATIO 20-0545315 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID 

RECIPIENT NAME: DARLINGTON SCHOOL ADDRESS: 1014 CAVE SPRING RD ROME, GA 30161

**RELATIONSHIP:** NONE

PURPOSE OF GRANT: CHARITABLE

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

AMOUNT OF GRANT PAID ..... 25,000.

RECIPIENT NAME:

ATLANTA SPEECH SCHOOL

ADDRESS:

3160 NORTHSIDE PKWY NW

ATLANTA, GA 30327

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

CHARITABLE

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

20,000. AMOUNT OF GRANT PAID ......

RECIPIENT NAME:

CHEROKEE OUTDOOR YMCA

ADDRESS:

201 BELLS FERRY RD WOODSTOCK, GA 30189

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

CHARITABLE

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

AMOUNT OF GRANT PAID ..... 20,000.

RECIPIENT NAME:

CHATTAHOOCHEE NATURE CENTER INC

ADDRESS:

9135 WILLEO RD

ROSWELL, GA 30075

**RELATIONSHIP:** 

NONE

PURPOSE OF GRANT:

CHARITABLE

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

RECIPIENT NAME:

NOBIS WORKS INC

ADDRESS:

1480 BELLS FERRY RD

MARIETTA, GA 30066

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

CHARITABLE

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

RECIPIENT NAME:

CHRIS 180

ADDRESS:

1030 FAYETTEVILLE RD SE

ATLANTA, GA 30316

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

CHARITABLE

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

JACK AND ANNE GLENN CHARITABLE FOUNDATIO 20-0545315 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: ATLANTA ZOO ADDRESS: 800 CHEROKEE AVE SE ATLANTA, GA 30315 RELATIONSHIP: NONE PURPOSE OF GRANT: CHARITABLE FOUNDATION STATUS OF RECIPIENT: EXEMPT AMOUNT OF GRANT PAID ..... 5,000. RECIPIENT NAME: ANGEL FLIGHT SOARS INC ADDRESS: 2000 AIRPORT RD CHAMBLEE, GA 30341 RELATIONSHIP: NONE PURPOSE OF GRANT: CHARITABLE FOUNDATION STATUS OF RECIPIENT: EXEMPT 5,000. AMOUNT OF GRANT PAID ..... RECIPIENT NAME: CAMP TWIN LAKES ADDRESS: 1391 KEENCHEEFOONEE RD RUTLEDGE, GA 30663 **RELATIONSHIP:** 

AMOUNT OF GRANT PAID .....

NONE

EXEMPT

PURPOSE OF GRANT: CHARITABLE

FOUNDATION STATUS OF RECIPIENT:

22

5,000.

RECIPIENT NAME:

THE STUDY HALL, INC

ADDRESS:

1010 CREW ST SW ATLANTA, GA 30315

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

AFTER SCHOOL AND SUMMER PROGRAMS

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ...... 10,000.

RECIPIENT NAME:

CAMP SUNSHINE, INC

ADDRESS:

1850 CLAIRMONT RD

DECATUR, GA 30033

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

CHARITABLE

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

10,000. AMOUNT OF GRANT PAID ......

RECIPIENT NAME:

CHILDRENS HEALTHCARE OF ATLANTA

ADDRESS:

1405 E CLIFTON RD

ATLANTA, GA 30322

**RELATIONSHIP:** 

NONE

PURPOSE OF GRANT:

CHARITABLE

FOUNDATION STATUS OF RECIPIENT:

**EXEMPT** 

10,000. AMOUNT OF GRANT PAID .....

20-0545315 . JACK AND ANNE GLENN CHARITABLE FOUNDATIO FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID -----RECIPIENT NAME: EAST LAKE FOUNDATION INC ADDRESS: 2606 ALSTON DRIVE SE ATLANTA, GA 30317 **RELATIONSHIP:** NONE PURPOSE OF GRANT: CHARITABLE FOUNDATION STATUS OF RECIPIENT: EXEMPT AMOUNT OF GRANT PAID ..... 25,000. RECIPIENT NAME: MUSEUM OF CONTEMPORARY ART OF GEORGIA ADDRESS: 75 BENNETT ST NW ATLANTA, GA 30309 **RELATIONSHIP:** NONE PURPOSE OF GRANT: CHARITABLE FOUNDATION STATUS OF RECIPIENT: EXEMPT AMOUNT OF GRANT PAID ..... 5,000. RECIPIENT NAME: GEORGIA STATE UNIVERSITY FOUNDATION ADDRESS: ONE PARK PLACE STE 533 ATLANTA, GA 30303 **RELATIONSHIP:** 

AMOUNT OF GRANT PAID ......

STATEMENT

NONE

EXEMPT

PURPOSE OF GRANT: CHARITABLE

FOUNDATION STATUS OF RECIPIENT:

24

7,500.

RECIPIENT NAME: GEORGIA TECH FOUNDATION ADDRESS: 760 SPRING ST NW STE 400 ATLANTA, GA 30308 **RELATIONSHIP:** NONE PURPOSE OF GRANT: CHARITABLE FOUNDATION STATUS OF RECIPIENT: EXEMPT 60,000. AMOUNT OF GRANT PAID ..... RECIPIENT NAME: ASHEVILLE CITY SCHOOLS FDN ADDRESS: 441 HAYWOOD RD #828 ASHEVILLE, NC 28806 **RELATIONSHIP:** NONE PURPOSE OF GRANT: IN REAL LIFE AFTER-SCHOOL PROGRAM FOUNDATION STATUS OF RECIPIENT: PC 25,000. AMOUNT OF GRANT PAID ..... RECIPIENT NAME: CITY OF ACWORTH PARKS & RECREATION ADDRESS: 4762 LOGAN RD ACWORTH, GA 30101 **RELATIONSHIP:** NONE PURPOSE OF GRANT: EXPANDING HORIZONS FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID .....

30,000.

JACK AND ANNE GLENN CHARITABLE FOUNDATIO 20-0545315 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: EMORY EYE CENTER ADDRESS: 1365 CLIFTON RD B ATLANTA, GA 30322 **RELATIONSHIP:** NONE PURPOSE OF GRANT: CHARITABLE FOUNDATION STATUS OF RECIPIENT: EXEMPT 25,000. AMOUNT OF GRANT PAID ...... RECIPIENT NAME: EARLY EDUCATION INC ADDRESS: 1025 REDWOOD AVE PANAMA CITY, FL 32401 RELATIONSHIP: NONE PURPOSE OF GRANT: CHARITABLE FOUNDATION STATUS OF RECIPIENT: EXEMPT 20,000. AMOUNT OF GRANT PAID ...... RECIPIENT NAME: MORNINGSTAR BAPTIST TREATMENT SERVICES ADDRESS: 1 YOUTH ESTATE DRIVE BRUNSWICK, GA 31525 RELATIONSHIP: NONE PURPOSE OF GRANT: CHARITABLE FOUNDATION STATUS OF RECIPIENT: EXEMPT AMOUNT OF GRANT PAID ...... 30,000.

TOTAL GRANTS PAID: 592,500. ===========