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2019

## 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 <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

For	caler	ndar year 2019, or tax year beg	jinning 04-01-20	)19 , aı	nd en	ding 03-31-	2020	
		ndation				A Employer id	entification numbe	r
		ILY FOUNDATION INC DNS BANK TRUST DEPARTMENT				63-0960783		
	ber and O BOX 2	street (or P.O. box number if mail is not deli 2450	vered to street address)	Room/suite		<b>B</b> Telephone nu	mber (see instruction	ns)
						(334) 230-6100	ı	
		, state or province, country, and ZIP or foreig RY, AL 361022450	ın postal code			<b>C</b> If exemption	application is pendin	g, check here
G C	neck al	l that apply: $\ \square$ Initial return	☐ Initial return of a	former public charity		<b>D 1.</b> Foreign or	ganizations, check he	ere
		☐ Final return	$\square$ Amended return				ganizations meeting	
		Address change	☐ Name change			·	k here and attach co	· -
_		pe of organization: $lacksquare$ Section 501(c	· · · · —				ındation status was t n 507(b)(1)(A), chec	
		4947(a)(1) nonexempt charitable trus						
of	year (f	rom Part II, col. (c), ▶\$ 5.725.657	counting method:  Other (specify)  t I, column (d) must		ıal		ition is in a 60-montl n 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expe	enses (The total	(a) Royanya and	Ι ΄			(d) Disbursements
		of amounts in columns (b), (c), and (d) ma equal the amounts in column (a) (see instr	ny not necessarily	(a) Revenue and expenses per books	(b) N	let investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., recei	ived (attach					(**************************************
	_	schedule)	andred to set of					
	2	Check ► ✓ if the foundation is <b>not</b> rosch. B	equired to attach					
	3	Interest on savings and temporary cas	sh investments					
	4	Dividends and interest from securities		155,350		155,350		
e	5a   .	Gross rents			-			
	b	Net rental income or (loss)  Net gain or (loss) from sale of assets	not on line 10	81,743	1			
3	6a	- , ,		61,743	<u> </u>			
Revenue	b   7	Gross sales price for all assets on line Capital gain net income (from Part IV,				81,743		
œ	8	Net short-term capital gain	•			,		
	9	Income modifications						
	10a	Gross sales less returns and allowance	es					
	b	Less: Cost of goods sold						
	С	Gross profit or (loss) (attach schedule	)					
	11			30,261	-	19,416		
	12			267,354	1	256,509		
	13	Compensation of officers, directors, tr	ustees, etc.	0		0		0
_	14	Other employee salaries and wages						
ses	15 16a	Pension plans, employee benefits  Legal fees (attach schedule)						
æ	b	Accounting fees (attach schedule)		3,965	-	0		0
and Administrative Expenses	C	Other professional fees (attach schedu		<b>9</b> 82,835		57,413		0
ive	17	Interest		52,033	1			<del>                                     </del>
trat	18	Taxes (attach schedule) (see instruction	ons)	10,635	5	10,635		0
nis	19	Depreciation (attach schedule) and de	,			•		
<del>l</del> mi	20	Occupancy						
Ā	21	Travel, conferences, and meetings .						
anc	22	Printing and publications						
bu	23	Other expenses (attach schedule) .		<b>%</b> 232	2	0		0
Operating	24	Total operating and administrative	e expenses.					
) De		Add lines 13 through 23		97,667	'	68,048		0
S	25	Contributions, gifts, grants paid .		234,125	<u> </u>			234,125
	26	<b>Total expenses and disbursements</b> 25	s. Add lines 24 and	331,792	2	68,048		234,125
	27	Subtract line 26 from line 12:						
	a	Excess of revenue over expenses a disbursements	and	-64,438	3			
	ь	Net investment income (if negative	•			188,461		
	С	Adjusted net income (if negative, e	·					
For	Paper	work Reduction Act Notice, see inst	tructions.		C	at. No. 11289>	For	m <b>990-PF</b> (2019)

Attached schedules and amounts in the description column

Beginning of year

5,827,807

3,072,791

2,755,016

5,827,807

5,827,807

5,763,369

3,072,791

2,690,578

5,763,369

5,763,369

1 2

3

4

5

5,827,807

5,763,369

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-64,438

0

0

Page 2

5,725,657

End of year

		Less: allowance for doubtful accounts				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule) ▶				
		Less: allowance for doubtful accounts ▶				
9	8	Inventories for sale or use				
sets	9	Prepaid expenses and deferred charges				
vo I	10a	Investments—U.S. and state government obligations (attach schedule)				
	b	Investments—corporate stock (attach schedule)				
	c	Investments—corporate bonds (attach schedule)				
	11	Investments—land, buildings, and equipment: basis ▶				
		Less: accumulated depreciation (attach schedule) ▶				
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)	5,639,179	<b>%</b> J	5,605,909	5,568,197
	14	Land, buildings, and equipment: basis ▶				_
		Less: accumulated depreciation (attach schedule)				
	15	Other assets (describe >)				

16 17

18

19

20

21

22 23

24

25

26

27

28

29 30

Part III

2

4

Liabilities

Assets or Fund Balances

Net

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Accounts receivable

Pledges receivable

Less: allowance for doubtful accounts ▶

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

Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . . . . . .

Foundations that do not follow FASB ASC 958, check here 🕨 🗹

Capital stock, trust principal, or current funds . . . . . .

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

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

**Analysis of Changes in Net Assets or Fund Balances** 

Total net assets or fund balances at beginning of year-Part II, column (a), line 29 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

Paid-in or capital surplus, or land, bldg., and equipment fund

Foundations that follow FASB ASC 958, check here ▶

instructions. Also, see page 1, item I)

Other liabilities (describe ▶\_

Grants payable

Accounts payable and accrued expenses .

and complete lines 24, 25, 29 and 30.

Net assets without donor restrictions .

Net assets with donor restrictions . .

and complete lines 26 through 30.

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

Decreases not included in line 2 (itemize)

Other increases not included in line 2 (itemize) -

Enter amount from Part I, line 27a

Part II

3

4

Page 3

	e the kind(s) of property sold (e.g., rehouse; or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a ROCKEFELLER BALANCE	FUND LP		Р		
<b>b</b> ROCKEFELLER BALANCE			Р		
c					
d					
e					
-	(f)		(a)		<u> </u>
(e) Gross sales price	( <b>f)</b> Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale	Gain ò	<b>h)</b> r (loss) ) minus (g)
a					-2,631
b					84,374
c					
d					
e					
	showing gain in column (h) and ow	and by the foundation	on 12/21/60	,	1
Complete only for assets	(i)		(k)		<b>l)</b> h) gain minus
(i) F.M.V. as of 12/31/69	Adjusted basis as of 12/31/69	Excess	of col. (i) . (j), if any	col. (k), but not	less than -0-) <b>or</b> om col.(h))
а					-2,631
b					84,374
c					
d					
e					
	or (net capital loss) { gain or (loss) as defined in sections : rt I, line 8, column (c) (see instructi		Part I, line 7	3	81,743
	Jnder Section 4940(e) for Re				
For optional use by domestic p	rivate foundations subject to the sec	ction 4940(a) tax on ne	t investment incom	ne.)	
f section 4940(d)(2) applies, le	eave this part blank				
Vas the foundation liable for th	e section 4942 tax on the distributa ot qualify under section 4940(e). Do			? \ \ \ \ \ \ \ \	es 🔽 No
	nount in each column for each year;			S.	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab		(d) Distribution rati (col. (b) divided by c	
2018	256,025		6,155,646	(con (b) annaca by c	0.041592
2017	279,076		6,289,311		0.044373
2016	272,500		5,800,160		0.046981
2015	243,065		5,919,917		0.041059
2014	298,641		6,203,904		0.048138
2 Total of line 1, column (	•		<del>-                                    </del>		0.222143
,	•				0.222143
	ofor the 5-year base period—divide addition has been in existence if less		· · · · ·		0.044429
	ncharitable-use assets for 2019 fron				6,113,093
		•			271,599
	ent income (1% of Part I, line 27b)				1,885
	· · · · · · · · · · · · · · · ·			<u> </u>	273,484
				+	
	ons from Part XII, line 4 ,			10/ 500 000	234,125
instructions.	eater than line 7, check the box in Pa	art vi, line ib, and com	ipiete that part usir	ig a 1% tax rate. Se	e me Part VI

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Pai	rt VIII-B Statements Regar	ding	<b>Activities for Which</b>	Form 4720 May Be	Required (continued)								
5a	During the year did the foundation	рау о	r incur any amount to:				Yes	No					
	(1) Carry on propaganda, or other	wise a	se attempt to influence legislation (section 4945(e))?										
	(2) Influence the outcome of any s	pecifi	c public election (see sect	110									
	on, directly or indirectly, any v	oter r	registration drive?										
	(3) Provide a grant to an individual for travel, study, or other similar purposes?												
	(4) Provide a grant to an organization section 4945(d)(4)(A)? See		•	· -		No							
	(5) Provide for any purpose other	than r	eligious, charitable, scien	tific, literary, or	∟ Yes 🖭	No							
b	educational purposes, or for th If any answer is "Yes" to $5a(1)-(5)$	•	•		∟ Yes 🖭	No							
	Regulations section 53.4945 or in a	curre	ent notice regarding disas	ter assistance? See instr	uctions	5b							
	Organizations relying on a current	notice	regarding disaster assist	ance check here	▶ ┌								
c	If the answer is "Yes" to question 5	a(4),	does the foundation claim	n exemption from the									
	tax because it maintained expendit	ure re	sponsibility for the grant?	2	· · □ v □								
	If "Yes," attach the statement requ				· · L Yes L	No							
<b>6</b> a	Did the foundation, during the year	, rece	ive any funds, directly or	indirectly, to pay premiu	ims on								
	a personal benefit contract?				·  Yes	No							
b	Did the foundation, during the year If "Yes" to 6b, file Form 8870.	, pay	premiums, directly or ind	lirectly, on a personal be	nefit contract?	6b		No					
7a	At any time during the tax year, wa	s the	foundation a party to a p	rohibited tax shelter trar	nsaction?	No							
b	If "Yes", did the foundation receive	any p	proceeds or have any net	income attributable to th	e transaction?	7b							
8	Is the foundation subject to the sec	tion 4	1960 tax on payment(s) o	f more than \$1,000,000	in remuneration or								
	excess parachute payment during t	he ye	ar?		· · 🗌 Yes 🗸	No.							
	Information About	Offic	ers. Directors. Trust	ees. Foundation Ma	nagers, Highly Paid Er		l <u>-</u>						
Pai	rt VIIII and Contractors		,,	,	g,g,		,						
1	List all officers, directors, truste	es, fo	oundation managers an	d their compensation.	See instructions								
		1	<b>b)</b> Title, and average	(c) Compensation (If	(d) Contributions to	(e) Expe	nse acc	ount.					
	(a) Name and address		hours per week	not paid, enter	employee benefit plans and		allowan						
DECI	ONS BANK TRUST DEPARTMENT	TRUS	devoted to position	-0-)	deferred compensation								
	MONROE STREET	2.00	PIEE	0	(	'		0					
	FGOMERY, AL 36104												
ELIZA	ABETH L FRIEDMAN		RD OF DIRECTORS	0	(			0					
	WASHINGTON AVENUE	0.00											
	A MONICA, CA 90403			_									
	ICIA L ROSENBAUM	0.00	RD OF DIRECTORS	0	(	P		0					
	LAKEHAVEN DRIVE NE NTA, GA 30319												
	S L LOEB JR	BOAI	RD OF DIRECTORS	0	(			0					
	OX 909	0.00											
	rgomery, AL 36101	<u> </u>				<u> </u>	MONE						
	Compensation of five highest-pa	iia er	npioyees (otner than tr	tose included on line 1		ne, enter	NONE	<u> </u>					
(a)	Name and address of each employee	paid	(b) Title, and average		(d) Contributions to employee benefit	(e) Exper	se acco	ount.					
(-)	more than \$50,000		hours per week devoted to position	(c) Compensation	plans and deferred	other a							
			devoted to position		compensation								
NON	<u> </u>												
								_					
Tota	I number of other employees paid o	/er \$5	0,000					0					
					<u>'</u>	Form 99	0-PF	(2019)					

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Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Pa	aid Employees,
3 Five highest-paid independent contractors for professional servic	es (see instructions). If none, enter	"NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<b>Total</b> number of others receiving over \$50,000 for professional services		• 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include rele organizations and other beneficiaries served, conferences convened, research papers produ		r of Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see i	nstructions)	
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		• o
Total Add Mico Landagn 5		Form <b>990-PF</b> (2019)

2c

3

4

5

6

7

1a

1b

2

3a 3b

4

5

3,769

301.886

301.886

301.886

234,125

234,125

234,125

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Distributable amount before adjustments. Subtract line 2c from line 1. . . . . . . . . . . . . . . .

Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . . . . . . . . .

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

income. Enter 1% of Part I, line 27b. See instructions.

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 paid (including administrative expenses) to accomplish charitable, etc., purposes:

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

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

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

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

3

4 5

6

1

2

3

4

5

b

Part XII

a From 2014. . . . . **b** From 2015. . . . c From 2016. . **d** From 2017. . . . e From 2018. . . . . 301,886

97,041

204,845

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P	art XIII	Undistributed Income (see instru	ıcti
			$\vdash$
1	Distributah	le amount for 2019 from Part XI, line 7	

a Enter amount for 2018 only. . . . . . .

3 Excess distributions carryover, if any, to 2019:

f Total of lines 3a through e. . . . . . . 4 Qualifying distributions for 2019 from Part XII, line 4: ▶ \$ a Applied to 2018, 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 required—see instructions). . . . . . . . .

**d** Applied to 2019 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a).)

**5** Excess distributions carryover applied to 2019. (If an amount appears in column (d), the

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 **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 -see instructions . . . . . . . . . . e 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 distributed in 2020 . . . . . .

6 Enter the net total of each column as

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 2014 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a . . .

10 Analysis of line 9: a Excess from 2015. **b** Excess from 2016. . c Excess from 2017. . d Excess from 2018. . e Excess from 2019. .

indicated below:

	art XIIII Undistributed Income (see instruc	ctions)
		(a) Corpus
1	Distributable amount for 2019 from Part XI, line 7	
2	Undistributed income, if any, as of the end of 2019:	

Corpus	Years prior to 2018	

0

137,084

(c)

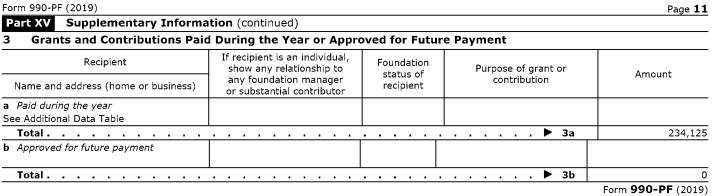
2018

137,084

**b** Total for prior years: 20\_\_\_\_\_\_, 20\_\_\_\_\_\_

(b)

- - **b** The form in which applications should be submitted and information and materials they should include:
  - c Any submission deadlines:
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:



er gross amounts unless otherwise indicated.	Unrelated bu	ısiness income	Excluded by section	512, 513, or 514	(e) Related or exemp
Program service revenue:	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions
a					
b					
c d					
9					
F					
g Fees and contracts from government agencies Membership dues and assessments					
Interest on savings and temporary cash investments					
Dividends and interest from securities			14	155,350	
a Debt-financed property.					
Not debt-financed property					
Net rental income or (loss) from personal property					
Other investment income					
Gain or (loss) from sales of assets other than					
inventory			18	81,743	
Net income or (loss) from special events:					
Gross profit or (loss) from sales of inventory					
Other revenue:			10	1 205	
B ROCKEFELLER BALANCE FUND LP			18 01	1,205 18,211	
c FORM 990-PF REFUND			14	10,845	
			14	10,043	
d	1				
e		(		267.354	
e Subtotal. Add columns (b), (d), and (e)		(	13	267,35 <b>4</b>	
(See worksheet in line 13 instructions to verify calcu	ılations.)		13	267,354 <b>3</b>	267,35
e Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcurt XVI-B Relationship of Activities to the	ılations.) ne Accomplish	ment of Exem	pt Purposes	<b>3</b>	267,3!
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calcurt XVI-B Relationship of Activities to the second below how each activity for which the accomplishment of the foundation's expenses.	llations.) ne Accomplish income is reporte		pt Purposes  If Part XVI-A contribution	ted importantly to	267,3!
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculart XVI-B  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's axis.	llations.) ne Accomplish income is reporte		pt Purposes  If Part XVI-A contribution	ted importantly to	267,3
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calcularit XVI-B  Relationship of Activities to the second s	llations.) ne Accomplish income is reporte		pt Purposes  If Part XVI-A contribution	ted importantly to	267,3
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calcurt XVI-B Relationship of Activities to the second below how each activity for which the accomplishment of the foundation's expenses.	llations.) ne Accomplish income is reporte		pt Purposes  If Part XVI-A contribution	ted importantly to	267,3
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calcurt XVI-B  Relationship of Activities to the second sec	llations.) ne Accomplish income is reporte		pt Purposes  If Part XVI-A contribution	ted importantly to	267,3
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calcurt XVI-B  Relationship of Activities to the second seco	llations.) ne Accomplish income is reporte		pt Purposes  If Part XVI-A contribution	ted importantly to	267,3
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calcurt XVI-B  Relationship of Activities to the second sec	llations.) ne Accomplish income is reporte		pt Purposes  If Part XVI-A contribution	ted importantly to	267,3
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calcurt XVI-B  Relationship of Activities to the second sec	llations.) ne Accomplish income is reporte		pt Purposes  If Part XVI-A contribution	ted importantly to	267,3
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calcurt XVI-B  Relationship of Activities to the second seco	llations.) ne Accomplish income is reporte		pt Purposes  If Part XVI-A contribution	ted importantly to	267,3
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  See worksheet in line 13 instructions to verify calcurt XVI-B  Relationship of Activities to the service of the	llations.) ne Accomplish income is reporte		pt Purposes  If Part XVI-A contribution	ted importantly to	267,3
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calcurt XVI-B  Relationship of Activities to the second seco	llations.) ne Accomplish income is reporte		pt Purposes  If Part XVI-A contribution	ted importantly to	267,3
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calcurt XVI-B  Relationship of Activities to the second seco	llations.) ne Accomplish income is reporte		pt Purposes  If Part XVI-A contribution	ted importantly to	267,3
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  See worksheet in line 13 instructions to verify calcurt XVI-B  Relationship of Activities to the second by the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the foundation's explain the foundation and the foundation is the foundation of the foundation of the foundation is the foundation of the f	llations.) ne Accomplish income is reporte		pt Purposes  If Part XVI-A contribution	ted importantly to	267,3
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calcurt XVI-B  Relationship of Activities to the second sec	llations.) ne Accomplish income is reporte		pt Purposes  If Part XVI-A contribution	ted importantly to	267,3
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calcurt XVI-B Relationship of Activities to the second below how each activity for which the accomplishment of the foundation's expenses.	llations.) ne Accomplish income is reporte		pt Purposes  If Part XVI-A contribution	ted importantly to	267,3
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calcurt XVI-B  Relationship of Activities to the second seco	llations.) ne Accomplish income is reporte		pt Purposes  If Part XVI-A contribution	Bted importantly to	267,3
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calcurt XVI-B  Relationship of Activities to the second sec	llations.) ne Accomplish income is reporte		pt Purposes  If Part XVI-A contribution	Bted importantly to	267,3
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calcurt XVI-B Relationship of Activities to the second below how each activity for which the accomplishment of the foundation's expenses.	llations.) ne Accomplish income is reporte		pt Purposes  If Part XVI-A contribution	Bted importantly to	267,3
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calcurt XVI-B Relationship of Activities to the second below how each activity for which the accomplishment of the foundation's expenses.	llations.) ne Accomplish income is reporte		pt Purposes  If Part XVI-A contribution	Bted importantly to	267,3
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calcularit XVI-B  Relationship of Activities to the second s	llations.) ne Accomplish income is reporte		pt Purposes  If Part XVI-A contribution	Bted importantly to	267,3
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calcularit XVI-B  Relationship of Activities to the second s	llations.) ne Accomplish income is reporte		pt Purposes  If Part XVI-A contribution	Bted importantly to	267,3
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calcularit XVI-B  Relationship of Activities to the second s	llations.) ne Accomplish income is reporte		pt Purposes  If Part XVI-A contribution	Bted importantly to	267,3
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculart XVI-B  Relationship of Activities to the second s	llations.) ne Accomplish income is reporte		pt Purposes  If Part XVI-A contribution	Bted importantly to	267,3

_				_
E	art XVII	Information Regarding Transfers To and Transactions and Relationships With Noncharita Exempt Organizations	able	
L	Did the organ	nization directly or indirectly engage in any of the following with any other organization described in section 501		_

		Exempt Organi	zations											
<b>1</b> Dic	the ord	ganization directly or in than section 501(c)(3)	directly enga organizations	ge in s) or i	any of the	following with a 527, relating to	any pol	other org itical organ	anizatio nization	on described in sect s?	ion 501		Yes	No
a Tra	ansfers f	from the reporting foun	dation to a n	oncha	ritable ex	empt organizatio	on d	of:						
(1	) Cash.											1a(1)		No
(2	<b>)</b> Other	assets										1a(2)		No
<b>b</b> Oth	her tran	sactions:												
(1	) Sales	of assets to a nonchar	itable exempt	t orga	nization.							1b(1)		No
(2	<b>)</b> Purch	ases of assets from a r	oncharitable	exem	pt organiz	zation						1b(2)		No
- '	-	al of facilities, equipmer										1b(3)		No
- '	-	bursement arrangemen	•									1b(4)		No
	•	s or loan quarantees.										1b(5)		No
•	•	mance of services or m										1b(6)		No
	•	facilities, equipment, n			-						•	1c		No
	-	ver to any of the above												NO
of :	the goo	ds, other assets, or ser	vices given b	y the	reporting	foundation. If th	ne f	oundation	receive	ed less than fair ma	rket valu			
in a	any trar	nsaction or sharing arra	ngement, sh	ow in	column (c	d) the value of t	he	goods, oth	er asse	ts, or services rece	ived.			
(a) Lin	e No I	(b) Amount involved	(c) Name of	noncha	aritable eve	mpt organization	ı	(d) Descr	intion of	transfers, transaction	s and shar	ing arrar	naemeni	ts
u) =::::	C 140.	(b) / another involved	(c) italiic of	Horiciic	intubic cxc	mpt organization		(a) beser	ipcion or	transfers, transaction	o, una sna	ing arrai	igenien	
<b>2a</b> Is t	the four	ndation directly or indire	ectly affiliated	d with	, or relate	d to, one or mo	re t	ax-exemp	t organ	izations		_		
des	scribed i	in section 501(c) (other	r than section	501(	c)(3)) or i	in section 527?				🗆	∕es 🔽	Z No		
b If'	'Yes," co	omplete the following s	chedule.											
		(a) Name of organization	on		(1	<b>b)</b> Type of organiza	ation	n		(c) Descriptio	n of relatio	nship		
	1													
		er penalties of perjury,												
		y knowledge and belief h preparer has any kno		orrect,	and com	plete. Declaratio	on o	of preparer	(other	than taxpayer) is t	pased on	all infor	mation	of
Sign		in preparer has any kno	wieage.			I					May th	ne IRS dis	annaa th	ie
dere	. >	*****				2020-09-01		**	****		return	ie iks uis	scuss iii	15
1616	<sup>=</sup>							— <b>)</b> –			with th below	ne prepar	er show	vn
	<b>                                   </b>	Signature of officer or t	rustee			Date		Tit	:le				l., r	1
		<u>-</u>									(see in	nstr.) 🗹	Yes ∟	No
		Print/Type preparer's	name	Prepa	arer's Sigr	nature		Date			PTIN			
				·						Check if self-		000107	607	
		RITA O BROWN						2020.0		employed ▶ 📙		P00187	607	
Paid		KITA O BROWN						2020-0	19-01					
Pren	arer	Firm's name ▶ JACk		TON 0	CO PC					1				
	Only		CON THURN	I ON 8	COPC						Firm's E	IN ▶63-	10352	28
	<b></b> /		BOX 96											
						_					Phone n	n (334)	834-7	7660
		Mo	ONTGOMERY,	AL 3	61010096	5					. Hone in	J. (JJ+)	, JJ-T-/	
		1												

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

recipient

▶ 3a

234,125

any foundation manager

Name and address (home or business)

(	or substantial contributor		
a Paid during the year			
AIMPO BOX 986 MONTGOMERY, AL 36101		HUMANITARIAN	200
ALABAMA INSTITUTE FOR DEAF & BLIND		HUMANITARIAN	200

ALABAMA INSTITUTE FOR DEAF & BLIND 2629 EASTERN BLVD MONTGOMERY, AL 36117		HUMANITARIAN 	
ALABAMA PUBLIC TELEVISION		EDUCATIONAL	

2629 EASTERN BLVD MONTGOMERY, AL 36117			
ALABAMA PUBLIC TELEVISION PO BOX 2153 BIRMINGHAM, AL 35287		EDUCATIONAL	

MONTGOMERY, AL 36117			
ALABAMA PUBLIC TELEVISION PO BOX 2153		EDUCATIONAL	250

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

recipient

234,125

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

a Paid during the year			
ALABAMA SHAKESPEARE FESTIVAL 1 FESTIVAL DRIVE MONTGOMERY, AL 36117		CULTURAL/EDUCATIONAL	22,500
ALABAMA SPECIAL OLYMPICS		HUMANITARIAN	300

ALABAMA SPECIAL OLYMPICS PO BOX 1087 MONTGOMERY, AL 36101		HUMANITARIAN	
ALLIANCE THEATRE COMPANY		CULTURAL/EDUCATIONAL	

any foundation manager

or substantial contributor

Name and address (home or business)

MONTGOMERY, AL 36101			
ALLIANCE THEATRE COMPANY .280 PEACHTREE STREET NE ATLANTA. GA 30309		CULTURAL/EDUCATIONAL	10,

MONTGOMERY, AL 36101			
ALLIANCE THEATRE COMPANY 1280 PEACHTREE STREET NE ATLANTA, GA 30309		CULTURAL/EDUCATIONAL	10,000

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			
AMERICAN JEWISH COMMITTEE		RELIGIOUS	3,500

NEW YORK, NY 10022			
AMERICAN PARKINSONS DISEASE ASSOCIATION 135 PARKINSON AVENUE		HUMANITARIAN	

Total .

AMERICAN PARKINSONS DISEASE ASSOCIATION 135 PARKINSON AVENUE STATEN ISLAND, NY 10305		HUMANITARIAN	
			(

135 PARKINSON AVENUE STATEN ISLAND, NY 10305			
AMNESTY INTERNATIONAL 5 PENN PLAZA		CULTURAL/EDUCATIONAL	500

200

STATEN ISLAND, NY 10305			
AMNESTY INTERNATIONAL 5 PENN PLAZA		CULTURAL/EDUCATIONAL	5

MNESTY INTERNATIONAL	CULTURAL/EDUCATIONAL	50
PENN PLAZA		
FW YORK NY 10001		

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

Total .

a Paid during the year			
ANTI-DEFAMATION LEAGUE 605 THIRD AVENUE		CULTURAL/EDUCATIONAL	1,000
605 THIRD AVENUE			

EW YORK, NY 10158			
-PLUS EDUCATIONPO BOX 4433 IONTGOMERY, AL 36103		EDUCATIONAL	

A-PLUS EDUCATIONPO BOX 4433 MONTGOMERY, AL 36103		EDUCATIONAL	200
ATLANTA HISTORY CENTER		EDUCATIONAL	1,000

MONIGOMERY, AL 36103			
ATLANTA HISTORY CENTER 130 WEST PACES FERRY ROAD NW		EDUCATIONAL	1,000
ATLANTA, GA 30305			

▶ 3a

ATLANTA HISTORY CENTER 130 WEST PACES FERRY ROAD NW		EDUCATIONAL	1,00
ATLANTA, GA 30305			

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			
ATLANTA SYMPHONY ORCHESTRA 1293 PEACHTREE STREET NE SUITE 300		CULTURAL/EDUCATIONAL	1,000
ATLANTA CA 20200			

ATLANTA, GA 30309			
BEIT TSHUVA8831 VENICE BLVD LOS ANGELES, CA 90034		HUMANITARIAN	1,8

BEIT TSHUVA8831 VENICE BLVD LOS ANGELES, CA 90034		HUMANITARIAN	1,800
BIG SUNDAY6111 MELROSE AVENUE		HUMANITARIAN	500

LOS ANGELES, CA 90034			
BIG SUNDAY6111 MELROSE AVENUE LOS ANGELES, CA 90038		HUMANITARIAN	500

234,125

BIG SUNDAY6111 MELROSE AVENUE		HUMANITARIAN	5
OS ANGELES, CA 90038			

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 husiness)

Traine and dual cos (noine or submoss)	or substantial contributor		
a Paid during the year			
BOYS AND GIRLS CLUB		CULTURAL/EDUCATIONAL	500

5995 CHRISTY LANE MONTGOMERY, AL 36116			
BRADY CENTER TO PREVENT GUN VIOLENCE		HUMANITARIAN	1,000

	BRADY CENTER TO PREVENT GUN VIOLENCE PO BOX 96627 WASHINGTON, DC 20090		HUMANITARIAN	1,00
i				

PO BOX 96627 WASHINGTON, DC 20090			
BRANTWOOD CHILDREN'S HOME 1309 UPPER WETUMPKA ROAD		HUMANITARIAN	300

WASHINGTON, DC 20090			
BRANTWOOD CHILDREN'S HOME 1309 UPPER WETUMPKA ROAD MONTGOMERY, AL 36107		HUMANITARIAN	300

BRANTWOOD CHILDREN'S HOME 1309 UPPER WETUMPKA ROAD MONTGOMERY, AL 36107		HUMANITARIAN	30

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			
CAMP SUNSHINE145 COLISEUM BLVD		HUMANITARIAN	500

MONTGOMERT, AL 30103			
CAPRI COMMUNITY FILM SOCIETY 1045 EAST FAIRVIEW AVENUE MONTGOMERY, AL 36117		CULTURAL/EDUCATIONAL	250

MONTGOMERY, AL 36117			
CLOVERDALE PLAYHOUSE 960 CLOVERDALE RD MONTGOMERY, AL 36106		CULTURAL/EDUCATIONAL	250

Total	 	▶ 3a	234,125
CLOVERDALE PLAYHOUSE 960 CLOVERDALE RD MONTGOMERY, AL 36106		CULTURAL/EDUCATIONAL	250

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	recipient		
a Paid during the year				
COLLING 9 KDATZ FAMILY VMCA			CHI TUDAL (EDUCATIONAL	7 700

COLLINS & KRATZ FAMILY YMCA 1466 S WESTGATE AVENUE LOS ANGELES, CA 90025		CULTURAL/EDUCATIONAL	7,700
COLONIAL WILLIAMSBURG		CULTURAL/EDUCATIONAL	250

20071102220767 30023			
COLONIAL WILLIAMSBURG FOUNDATION PO BOX 1776 WILLIAMSBURG, VA 23187		CULTURAL/EDUCATIONAL	250

PO BOX 1776 WILLIAMSBURG, VA 23187			
DOCTORS WITHOUT BORDERS 333 7TH AVENUE 2ND FLOOR		HUMANITARIAN	500

WILLIAMSBURG, VA 23187			
DOCTORS WITHOUT BORDERS 333 7TH AVENUE 2ND FLOOR		HUMANITARIAN	500

WILLIAMSBURG, VA 23187			
DOCTORS WITHOUT BORDERS 333 7TH AVENUE 2ND FLOOR		HUMANITARIAN	50

DOCTORS WITHOUT BORDERS		HUMANITARIAN	500
333 7TH AVENUE 2ND FLOOR			
NEW YORK, NY 10001			

Total		▶ 3a	224 125
NEW YORK, NY 10001			

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)	or substantial contributor	recipient		
a Paid during the year				
EASTER SEALSPO BOX 1482 HAGERSTOWN, MD 21741			HUMANITARIAN	200

HAGERSTOWN, MD 21741		HOMANITARIAN	
EMORY EYE INSTITUTE 375 JOHNSON FERRY ROAD NE		EDUCATIONAL	

Total .

EMORY EYE INSTITUTE 875 JOHNSON FERRY ROAD NE ATLANTA, GA 30342		EDUCATIONAL	
FRIENDS OF MONTGOMERY PUBLIC LIBRARY		CULTURAL/EDUCATIONAL	

ATLANTA, GA 30342			
FRIENDS OF MONTGOMERY PUBLIC LIBRARY 245 HIGH STREET MONTGOMERY, AL 36101		CULTURAL/EDUCATIONAL	200

500

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				
FRIENDS OF THE ALABAMA ARCHIVES			CULTURAL/EDUCATIONAL	200

FRIENDS OF THE ALABAMA ARCHIVES 624 WASHINGTON AVENUE MONTGOMERY, AL 36130	CULTURAL/EDUCATIONAL	200
GEORGIA TRUST FOR HISTORIC PRESERVATION	CULTURAL/EDUCATIONAL	250

HONTOOTIEKT, NE 30130			
GEORGIA TRUST FOR HISTORIC PRESERVATION 1516 PEACHTREE RD NW ATLANTA, GA 30309		CULTURAL/EDUCATIONAL	250
GIRLS SCOUTSPO BOX 5046		CULTURAL/EDUCATIONAL	250

PRESERVATION 1516 PEACHTREE RD NW ATLANTA, GA 30309			
GIRLS SCOUTSPO BOX 5046 NEW YORK, NY 10087		CULTURAL/EDUCATIONAL	250

ATLANTA, GA 30309			
GIRLS SCOUTSPO BOX 5046 NEW YORK, NY 10087		CULTURAL/EDUCATIONAL	

NEW YORK, NY 10087		002101012/2000/112010/12	
Total	 	▶ 3a	234,125

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

	or substantial contributor		
a Paid during the year			
GLAUCOMA FOUNDATION		HUMANITARIAN	

NEW YORK, NY 10273			
GOLDRING-WOLDENBERG INSTITUTE OF SOUTHERN JEWISH LIFE BO ROY 16528		RELIGIOUS	500

500

234,125

GOLDRING-WOLDENBERG INSTITUTE OF SOUTHERN JEWISH LIFE PO BOX 16528 JACKSON, MS 39236		RELIGIOUS	500
HEIFER INTERNATIONAL		HUMANITARIAN	200

PO BOX 16528 JACKSON, MS 39236			
HEIFER INTERNATIONAL  1 WORLD AVENUE		HUMANITARIAN	200

JACKSON, MS 39236			
HEIFER INTERNATIONAL 1 WORLD AVENUE		HUMANITARIAN	200
LITTLE ROCK, AR 72202			

HEIFER INTERNATIONAL 1 WORLD AVENUE LITTLE ROCK, AR 72202		HUMANITARIAN	200

1 WORLD AVENUE LITTLE ROCK, AR 72202		

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient

or substantial contributor

Name and address (home or business)

Total .

a Paid during the year			
HIAS1300 SPRING STREET SUITE 500		HUMANITARIAN	200

SILVER SPRING, MD 20910			
HIGH MUSEUM OF ART 1280 PEACHTREE STREET NE		CULTURAL/EDUCATIONAL	10,000

HIGH MUSEUM OF ART 1280 PEACHTREE STREET NE ATLANTA, GA 30309		CULTURAL/EDUCATIONAL	
HOCDICE OF MONTCOMEDA		HIIMANITADIAN	

ATLANTA, GA 30309			
HOSPICE OF MONTGOMERY 1111 HOLLOWAY PARK		HUMANITARIAN	500
MONTCOMEDY AL 26117			

HOSPICE OF MONTGOMERY		HUMANITARIAN	50
1111 HOLLOWAY PARK			
MONTGOMERY, AL 36117			

234,125

■ 3a

HOSPICE OF MONTGOMERY		HUMANITARIAN	
1111 HOLLOWAY PARK			
MONTGOMERY, AL 36117			

1111 HOLLOWAY PARK		
MONTGOMERY, AL 36117		

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 contribution show any relationship to status of

recipient

▶ 3a

234,125

any foundation manager

or substantial contributor

Name and address (home or business)

PO BOX 98152

Total .

WASHINGTON, DC 20090

a Paid during the year			
HUNTINGDON COLLEGE 1500 E FAIRVIEW MONTGOMERY, AL 36106		EDUCATIONAL	1,000
INSTITUTE OF SOUTHERN JEWISH LIFE		RELIGIOUS	300

INSTITUTE OF SOUTHERN JEWISH LIFE PO BOX 16528 JACKSON, MS 39236		RELIGIOUS	3
MONIGOMERY, AL 36106			

·			
INSTITUTE OF SOUTHERN JEWISH LIFE PO BOX 16528 JACKSON, MS 39236		RELIGIOUS	300
INTERNATIONAL RESCUE COMMITTEE		CULTURAL/EDUCATIONAL	750

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			
JBI INTERNATIONAL110 E 30TH STREET		RELIGIOUS	200

NEW YORK, NY 10016			
EWISH CHILDREN'S REGIONAL SERVICES O BOX 7368		RELIGIOUS	

SERVICES PO BOX 7368 METAIRIE, LA 70010		RELIGIOUS	
EWISH FAMILY SERVICES OF LOS		RELIGIOUS	

Total .

PO BOX 7368 METAIRIE, LA 70010			
JEWISH FAMILY SERVICES OF LOS ANGELES 330 NORTH FAIRFAX AVENUE		RELIGIOUS	50

METAIRIE, LA 70010		
JEWISH FAMILY SERVICES OF LOS ANGELES	RELIGIOUS	50
330 NORTH FAIRFAX AVENUE		
LOS ANGELES, CA 90036		

112171111127 21 70020			
JEWISH FAMILY SERVICES OF LOS ANGELES		RELIGIOUS	500
330 NORTH FAIRFAX AVENUE LOS ANGELES, CA 90036			

250

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)

Name and address (nome or business)	or substantial contributor		
a Paid during the year			
JEWISH FEDERATIONPO BOX 54269		RELIGIOUS	2,500

OS ANGELES, CA 90054		RELIGIOUS	2,500
EWISH FEDERATION OF CENTRAL LABAMA		RELIGIOUS	5,000

VISH FEDERATION OF CENTRAL NBAMA BOX 20058 NTGOMERY, AL 36120		RELIGIOUS	
VISH FEDERATION OF GREATER		RELIGIOUS	

MONTGOMERY, AL 36120			
JEWISH FEDERATION OF GREATER ATLANTA 1440 SPRING STREET NW		RELIGIOUS	1,500

MONTGOMERY, AL 36120			
JEWISH FEDERATION OF GREATER ATLANTA 1440 SPRING STREET NW ATLANTA, GA 30309		RELIGIOUS	1,500

Total		<u> </u> 	234,125
1440 SPRING STREET NW			
ATLANTA			
JEWISH FEDERATION OF GREATER		RELIGIOUS	1,500

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

a Paid during the year			
JEWISH FREE LOAN ASSOCIATION		HUMANITARIAN	
6505 WILSHIRE BLVD SUITE 715			

250

200

234,125

▶ 3a

LOS ANGELES, CA 90048			
JOY TO LIFE5401 TAYLOR ROAD MONTGOMERY, AL 36117		HUMANITARIAN	
	1		

MONTGOMERY, AL 36117			
LANDMARKS FOUNDATION 301 COLUMBUS STREET		HUMANITARIAN	750
MONTGOMERY AL 36104			ĺ

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 (nome or business)	or substantial contributor		
a Paid during the year			
LOS ANGELES COUNTY MUSEUM OF		CULTURAL/EDUCATIONAL	2,500

5905 WILSHIRE BLVD LOS ANGELES, CA 90036			
LOS ANGELES REGIONAL FOODBANK 1734 EAST 41ST STREET		HUMANITARIAN	1,000

LOS ANGELES, CA 90030			
LOS ANGELES REGIONAL FOODBANK 1734 EAST 41ST STREET VERNON, CA 90058		HUMANITARIAN	1,
MEDICAL OUTREACH MINISTRIES		HUMANITARIAN	

Total .

1734 EAST 41ST STREET VERNON, CA 90058			1,000
MEDICAL OUTREACH MINISTRIES 1301 EAST SOUTHERN BLVD MONTGOMERY AL 36116		HUMANITARIAN	300

VERNON, CA 90058			
MEDICAL OUTREACH MINISTRIES 1301 EAST SOUTHERN BLVD MONTGOMERY, AL 36116		HUMANITARIAN	300

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

or substantial contributor

Total .

	or substantial contributor		
a Paid during the year			
METROPOLITAN OPERA GUILD 30 LINCOLN CENTER		CULTURAL/EDUCATIONAL	200

NEW YORK, NY 10133			
MONTGOMERY AIDS OUTREACH PO BOX 11087 MONTGOMERY, AL 36111		HUMANITARIAN	
	I	1	

PO BOX 11087 MONTGOMERY, AL 36111			
MONTGOMERY AREA COUNCIL ON AGING 115 EAST JEFFERSON STREET		HUMANITARIAN	3,500
MONTCOMEDY AL 26104			

200

MONTGOMERT, AL 36111			
MONTGOMERY AREA COUNCIL ON AGING 115 EAST JEFFERSON STREET MONTGOMERY, AL 36104		HUMANITARIAN	3,500

MONTGOMERY AREA COUNCIL ON		HUMANITARIAN	3,
AGING			
115 EAST JEFFERSON STREET			
MONTGOMERY, AL 36104			

Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient

or substantial contributor

Name and address (home or business)

Total .

a Paid during the year			
MONTGOMERY AREA FOOD BANK 521 TRADE CENTER STREET		HUMANITARIAN	10,000

MONTGOMERY, AL 36108			
MONTGOMERY CHAMBER MUSIC ORG PO BOX 6454		CULTURAL/EDUCATIONAL	
MONTGOMERY AL 36106			

MONTGOMERY CHAMBER MUSIC ORG PO BOX 6454 MONTGOMERY, AL 36106		CULTURAL/EDUCATIONAL	500
MONTGOMERY PRIDE UNITED		CULTURAL/EDUCATIONAL	5,000

MONTGOMERY, AL 36106			
MONTGOMERY PRIDE UNITED 635 MADISON AVENUE MONTGOMERY AL 36104		CULTURAL/EDUCATIONAL	5,000

MONTGOMERY PRIDE UNITED 635 MADISON AVENUE MONTGOMERY, AL 36104		CULTURAL/EDUCATIONAL	5,000

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 Daid during the year

a Faid during the year			
MONTGOMERY SYMPHONY ASSOC 301 NORTH HULL STREET MONTGOMERY, AL 36104		CULTURAL/EDUCATIONAL	5,000
MONTGOMERY ZOO		CULTURAL/EDUCATIONAL	200

1	NAME ADDA WILLOW BLVD CHITE 200		LULINAANITTA DIANI	
	MONTGOMERY ZOO 2301 COLISEUM PARK MONTGOMERY, AL 36110		CULTURAL/EDUCATIONAL	

2301 COLISEUM PARK MONTGOMERY, AL 36110			
NAMI4301 WILSON BLVD SUITE 300		HUMANITARIAN	

MONTGOMERY, AL 36110			
NAMI4301 WILSON BLVD SUITE 300 ARLINGTON, VA 22203		HUMANITARIAN	30

NAMI4301 WILSON BLVD SUITE 300		HUMANITARIAN	300
ARLINGTON, VA 22203			

ARLINGTON, VA 22203			•
Total	 	▶ 3a	234,125

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 contribution status of

any foundation manager

Total .

a Paid during the year  NATIONAL JEWISH HEALTH PO BOX 5898 DENVER, CO 80217  RELIGIOUS 250	Name and address (home or business)	or substantial contributor	recipient		
PO BOX 5898	a Paid during the year				
	PO BOX 5898			RELIGIOUS	250

recipient

234,125

▶ 3a

HAGERSTOWN, MD 21741			
PO BOX 5043			
PRESERVATION			
NATIONAL TRUST FOR HISTORIC		CULTURAL/EDUCATIONAL	

NATIONAL TRUST FOR HISTORIC		CULTURAL/EDUCATIONAL	
PRESERVATION			
PO BOX 5043			
HAGERSTOWN, MD 21741			

PRESERVATION PO BOX 5043		COLTORAL/EDUCATIONAL	300
HAGERSTOWN, MD 21741			

PRESERVATION PO BOX 5043 HAGERSTOWN, MD 21741			
NATURE CONCERVANCYRO BOY 6017		CHITUDAL (EDUCATIONAL	300

HAGERSTOWN, MD 21741			
NATURE CONSERVANCYPO BOX 6017		CULTURAL/EDUCATIONAL	300

ш				i
	NATURE CONSERVANCYPO BOX 6017		CULTURAL/EDUCATIONAL	
	ALBERT LEA, MN 56007			

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

recipient

500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

any foundation manager

or substantial contributor

Name and address (home or business)

a Paid during the year			
NEW ISRAEL FUND 330 SEVENTH AVENUE 11 FLOOR NEW YORK NY 10001		RELIGIOUS	1,500

1211 10111,111 10001			
NEWBERGER HILLEL 5715 SOUTH WOODLAWN AVENUE CHICAGO, IL 60637		CULTURAL/EDUCATIONAL	

5715 SOUTH WOODLAWN AVENUE CHICAGO, IL 60637		COLTORALYEDOCATIONAL	
PEOPLE FOR THE AMERICAN WAY		CULTURAL/EDUCATIONAL	

CHICAGO, IL 60637			
PEOPLE FOR THE AMERICAN WAY PO BOX 96200		CULTURAL/EDUCATIONAL	3

5715 SOUTH WOODLAWN AVENUE CHICAGO, IL 60637			
PEOPLE FOR THE AMERICAN WAY		CULTURAL/EDUCATIONAL	3

CHICAGO, IL 60637			
PEOPLE FOR THE AMERICAN WAY PO BOX 96200 WASHINGTON. DC 20077		CULTURAL/EDUCATIONAL	300

WASHINGTON, DC 20077			
Total		▶ 3a	234 125

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			
PLANNED PARENTHOODPO BOX 60677		HUMANITARIAN	2,000

OS ANGELES, CA 90060		HUMANITAKIAN	
READY TO SUCCEED		HUMANITARIAN	

READY TO SUCCEED		HUMANITARIAN	
1514 17TH STREET ST 205			
SANTA MONICA, CA 90404			

READY TO SUCCEED		HUMANITARIAN	1,000
1514 17TH STREET ST 205			
SANTA MONICA, CA 90404			

SANTA MONICA, CA 90404			
RENASECENCE215 CLAYTON STREET		CULTURAL/EDUCATIONAL	250

RENASECENCE215 CLAYTON STREET		CULTURAL/EDUCATIONAL	25
MONTGOMERY, AL 36104			

MONTGOMERY, AL 36104		332131412 E3331112014112	23
Total	 	▶ 3a	234,125

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)

a Paid during the year			
RIVER REGION UNITED WAY 532 S PERRY STREET		HUMANITARIAN	20,000
MONTGOMERY AL 36104			

INTOOTIERT, TRE SOLOT		
LVATION ARMYPO BOX 210307 NTGOMERY, AL 36121		HUMANITARIAN

or substantial contributor

SALVATION ARMYPO BOX 210307 MONTGOMERY, AL 36121		HUMANITARIAN	1,000
SKYLAND TRAILS 1961 NORTH DRUID HILLS ROAD NE		HUMANITARIAN	10,000

MONTGOMERY, AL 36121			,
SKYLAND TRAILS 1961 NORTH DRUID HILLS ROAD NE		HUMANITARIAN	10,00
ATLANTA CA 20220	1		

SKYLAND TRAILS		HUMANITARIAN	10,000
1961 NORTH DRUID HILLS ROAD NE			·
ATLANTA, GA 30329			

961 NORTH DRUID HILLS ROAD NE TLANTA, GA 30329			
Total	 	 ▶ 3a	234,125

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

Total .

a Paid during the year			
SOCIAL FAMILY MEDIATION 1410 BAY ST SANTA MONICA, CA 30405		HUMANITARIAN	750

10,000

234,125

▶ 3a

ST JAMES SCHOOL6010 VAUGHN ROAD MONTGOMERY, AL 36116		EDUCATIONAL	
CHECTEL D. A CA DEMY		CHI THEAT /EDUCATIONAL	

MONTGOMERY, AL 36116				
SUFFIELD ACADEMY 185 NORTH MAIN STREET			CULTURAL/EDUCATIONAL	500
CLIEFTELD OT OCOTO	1	I	l .	

MONIGOMERT, AL 30116			
SUFFIELD ACADEMY 185 NORTH MAIN STREET		CULTURAL/EDUCATIONAL	
SUFFIFID CT 06078			ĺ

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			
SUNSHINE CENTERPO BOX 5160		HUMANITARIAN	1,000

MONTGOMERY, AL 36103			
TEMPLE BETH OR		RELIGIOUS	

or substantial contributor

Total .

TEMPLE BETH OR 2246 ANRROW LANE ROAD		RELIGIOUS	31,625
MONTGOMERY, AL 36106			

MONTGOMERY, AL 36106 TEMPLE ISAIAH10345 W PICO BLVD		RELIGIOUS	5.20
2246 ANRROW LANE ROAD			

MONTGOMERY, AL 36106			
TEMPLE ISAIAH10345 W PICO BLVD		RELIGIOUS	5,

			i
TEMPLE ISAIAH10345 W PICO BLVD LOS ANGELES, CA 90064		RELIGIOUS	5,200

TEMPLE ISAIAH10345 W PICO BLVD		RELIGIOUS	5,2
LOS ANGELES, CA 90064			

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			
TEMPLE SINAI5645 DUPRESS DRIVE NW		RELIGIOUS	1,250

250

234,125

3a

ATEANTA, OA 30327			
TROY UNIVERSITY FOUNDATION 301 ADAMS ADMINISTRATION		EDUCATIONAL	
BUILDING			

THETS HNIVERSITY419 BOSTON AVE		EDUCATIONAL	1 000
301 ADAMS ADMINISTRATION BUILDING TROY, AL 36082			

TROY, AL 36082			
TUFTS UNIVERSITY419 BOSTON AVE		EDUCATIONAL	1,000

TRU1, AL 36062			
TUFTS UNIVERSITY419 BOSTON AVE		EDUCATIONAL	1,000
MEDFORD, MA 02155			

TUFTS UNIVERSITY419 BOSTON AVE		EDUCATIONAL	1,0
MEDFORD, MA 02155			

Total .

Recipient If recipient is an individual, show any relationship to status of any foundation manager recipient Show any foundation manager recipient Amount

or substantial contributor

US HOLOCAUST MUSEUMPO BOX 7023

ALBERT LEA, MN 56007
UCLA GRAND CHALLENGES

PO BOX 7145 PASADENA, CA 91109

a Paid during the year			
TULANE UNIVERSITY 200 BROADWAY STREET SUITE 209 NEW ORLEANS, LA 70118		EDUCATIONAL	1,000

CULTURAL/EDUCATIONAL

■ 3a

**EDUCATIONAL** 

250

2,000

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			
UNICEFPO BOX 27708		HUMANITARIAN	1,000

E ** A   (1, 145 0 / 101			
NITED WAY OF METRO ATLANTA O BOX 2692		HUMANITARIAN	
TLANTA, GA 30301			

Total .

UNITED WAY OF METRO ATLANTA PO BOX 2692 ATLANTA, GA 30301		HUMANITARIAN	2,000
UNIVERSITY OF CHICAGO		EDUCATIONAL	7,500

ATLANTA, GA 30301			
UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVENUE		EDUCATIONAL	7,500
CUTCA CO TL COCOT	l .		

ATEANTA, GA 30301			
UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVENUE		EDUCATIONAL	7,5
CHICAGO IL 60637			

UNIVERSITY OF CHICAGO		EDUCATIONAL	7,500
5801 SOUTH ELLIS AVENUE			
CHICAGO, IL 60637			

	•	•	
CHICAGO, IL 60637			
2801 2001H ELLIZ AVENUE			i

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)

Name and address (nome or business)	or substantial contributor		
a Paid during the year			
UNIVERSITY OF CHICAGO - ODYSSEY FUND		EDUCATIONAL	7,500

8235 S HARPER COURT SUITE 521 CHICAGO, IL 60615			
USA FOR UNHCR		HUMANITARIAN	

·			
USA FOR UNHCR 1775 K STREET NW 580 WASHINGTON, DC 20006		HUMANITARIAN	600
VENICE FAMILY CLINIC		CULTURAL /EDUCATIONAL	2 000

WASHINGTON, DC 20006			
VENICE FAMILY CLINIC 604 ROSE AVENUE		CULTURAL/EDUCATIONAL	2,00

WASHINGTON, DC 20006			
VENICE FAMILY CLINIC 604 ROSE AVENUE		CULTURAL/EDUCATIONAL	2,0

WASHINGTON, DC 20006			
VENICE FAMILY CLINIC 604 ROSE AVENUE		CULTURAL/EDUCATIONAL	2,0

VENICE FAMILY CLINIC		CULTURAL/EDUCATIONAL	2,000
604 ROSE AVENUE			
VENICE, CA 90291			

Total	 	▶ 3a	234 125
604 ROSE AVENUE VENICE, CA 90291			

Recipient If recipient is an individual, show any relationship to status of any foundation manager recipient Purpose of grant or contribution any foundation manager recipient

or substantial contributor

ZABAN NIGHT SHELTER

1589 PEACHTREE STREET NE ATLANTA, GA 30309

a Paid during the year			
WELLESLEY COLLEGE106 CENTRAL ST WELLESLEY, MA 02481		EDUCATIONAL	1,000
WOODRUFF ARTS CENTER 1280 PEACHTREE STREET NE ATLANTA, GA 30309		CULTURAL/EDUCATIONAL	10,000

HUMANITARIAN

■ 3a

500

efile GRAPHIC print - DO NOT P	ROCESS	As Filed D	ata -	D	LN: 93491258003180	
TY 2019 Accounting Fees Schedule						
	Name:	LOEB FAI	MILY FOUNDATION	INC		
C/O REGIONS BANK TRUST DEPARTMENT						
	EIN:	63-09607	783			
Category	Ame	ount	Net Investment	Adjusted Net	Disbursements	
cutege.,	7		Income	Income	for Charitable Purposes	
TAX PREP FEE		3,965	0		0	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491258003180
TY 2019 Investments - Other	Schodulo		
17 2019 Investments - Other s	Scriedule		
Name:	LOEB FAMILY FO	JNDATION INC	
	C/O REGIONS BAI	NK TRUST DEPARTMENT	

5,568,197

5,605,909

EIN: 03-0900/83	)		
Investments Other Schedule 2			
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value

AT COST

62 0060702

ROCKEFELLER BALANCED FUND, LP

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491258003180
TY 2019 Other Expenses Sche	dule			_
Name:	LOEB FAMILY F	OUNDATION INC		
	C/O REGIONS E	BANK TRUST DEP	ARTMENT	
EIN:	63-0960783			
Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ROCKEFELLER BALANCED FUND LP	232	0		0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491258003180
TV 2010 Other Income Schedul	ما	

Name: LOEB FAMILY FOUNDATION INC.

C/O REGIONS BANK TRUST DEPARTMENT **EIN:** 63-0960783

Other Income Schedule					
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income		
SECURITIES LITIGATION	1,205	1,205	1,205		
ROCKEFELLER BALANCE FUND LP	18,211	18,211	18,211		
FORM 990-PF REFUND	10,845	_	10,845		

efile GRAPHIC print - DO NOT PRO	CESS As Filed Data	-	DL	N: 93491258003180
TY 2019 Other Professio	nal Fees Schedu	le		
<b>!</b>	lame: LOEB FAMIL C/O REGION EIN: 63-0960783	IS BANK TRUST DE		
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MARKET VALUE FEE	32,312	32,312		0
PROFESSIONAL FEES	50,171	24,749		0
INVESTMENT INTEREST EXPENSE	352	352		0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DL	N: 93491258003180
TY 2019 Taxes Schedule				
Name:	LOEB FAMIL	Y FOUNDATION IN	IC	
	C/O REGION	S BANK TRUST DE	EPARTMENT	
EIN:	63-0960783			
Category	Amount	Net Investment	Adjusted Net	Disbursements
	7	Income	Income	for Charitable Purposes
FOREIGN TAXES WITHHELD	10,635	10,635		