

Form **8879-TE**

**IRS e-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning 2021, and ending 20

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

2021

Department of the Treasury
Internal Revenue Service
Name of filer

The Peyton Anderson Foundation

EIN or SSN
58-1803562

Name and title of officer or person subject to tax
**Karen J. Lambert
President**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

| | | | | |
|-----------------------------|-------------------------------------|------------------------------------------------------------------------|-----|----------------|
| 1a Form 990 check here | <input type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | |
| 2a Form 990-EZ check here | <input type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2b | |
| 3a Form 1120-POL check here | <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b | |
| 4a Form 990-PF check here | <input checked="" type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b | 174,827 |
| 5a Form 8868 check here | <input type="checkbox"/> | b Balance due (Form 8868, line 3c) | 5b | |
| 6a Form 990-T check here | <input type="checkbox"/> | b Total tax (Form 990-T, Part III, line 4) | 6b | |
| 7a Form 4720 check here | <input type="checkbox"/> | b Total tax (Form 4720, Part III, line 1) | 7b | |
| 8a Form 5227 check here | <input type="checkbox"/> | b FMV of assets at end of tax year (Form 5227, Item D) | 8b | |
| 9a Form 5330 check here | <input type="checkbox"/> | b Tax due (Form 5330, Part II, line 19) | 9b | |
| 10a Form 8038-CP check here | <input type="checkbox"/> | b Amount of credit payment requested (Form 8038-CP, Part III, line 22) | 10b | |

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **Howard, Moore & McDuffie, P.C.** to enter my PIN **56484** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax } _____ Date } **05/11/22**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

58935581118
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } **Georgia G. Slagle** Date } **05/11/22**

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990-PF**

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

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

For calendar year **2021** or tax year beginning , and ending

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of foundation The Peyton Anderson Foundation | | A Employer identification number 58-1803562 |
| Number and street (or P.O. box number if mail is not delivered to street address) 577 Mulberry Street Suite 830 | Room/suite | B Telephone number (see instructions) 478-743-5359 |
| City or town, state or province, country, and ZIP or foreign postal code Macon GA 31201 | | C If exemption application is pending, check here <input type="checkbox"/> |
| G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change | | D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation, <input type="checkbox"/> |
| H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation | | E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> |
| I Fair market value of all assets at end of year (from Part II, col. (c), line 16) u \$ 133,751,795 | J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/> |
| (Part I, column (d), must be on cash basis.) | | |

| Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).) | | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------|---------------------------|-------------------------|-------------------------------------------------------------|
| Revenue | 1 Contributions, gifts, grants, etc., received (attach schedule) ... | 98,784 | | | |
| | 2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B | | | | |
| | 3 Interest on savings and temporary cash investments | 359,619 | 359,619 | | |
| | 4 Dividends and interest from securities | 1,510,280 | 1,510,280 | | |
| | 5a Gross rents | | | | |
| | b Net rental income or (loss) | | | | |
| | 6a Net gain or (loss) from sale of assets not on line 10 | 11,154,771 | | | |
| | b Gross sales price for all assets on line 6a 44,913,902 | | | | |
| | 7 Capital gain net income (from Part IV, line 2) | | 11,154,771 | | |
| | 8 Net short-term capital gain | | | 0 | |
| | 9 Income modifications | | | | |
| | 10a Gross sales less returns and allowances | | | | |
| b Less: Cost of goods sold | | | | | |
| c Gross profit or (loss) (attach schedule) | | | | | |
| 11 Other income (attach schedule) Stmt 1 | 509,900 | 509,900 | | | |
| 12 Total. Add lines 1 through 11 | 13,633,354 | 13,534,570 | 0 | | |
| Operating and Administrative Expenses | 13 Compensation of officers, directors, trustees, etc. | 282,310 | 50,036 | | 232,274 |
| | 14 Other employee salaries and wages | 242,600 | 87,360 | | 155,240 |
| | 15 Pension plans, employee benefits | 102,750 | 29,900 | | 72,850 |
| | 16a Legal fees (attach schedule) See Stmt 2 | 1,079 | | | 1,079 |
| | b Accounting fees (attach schedule) Stmt 3 | 2,167 | 217 | | 1,950 |
| | c Other professional fees (attach schedule) Stmt 4 | 786,397 | 766,988 | | 19,409 |
| | 17 Interest | | | | |
| | 18 Taxes (attach schedule) (see instructions) Stmt 5 | 136,366 | 3,328 | | 21,488 |
| | 19 Depreciation (attach schedule) and depletion Stmt 6 | 13,181 | 1,318 | | |
| | 20 Occupancy | 52,702 | 5,270 | | 47,432 |
| | 21 Travel, conferences, and meetings | 15,272 | 3,371 | | 11,901 |
| | 22 Printing and publications | 1,299 | 130 | | 1,169 |
| | 23 Other expenses (att. sch.) Stmt 7 | 121,122 | 9,175 | | 111,947 |
| | 24 Total operating and administrative expenses. Add lines 13 through 23 | 1,757,245 | 957,093 | 0 | 676,739 |
| | 25 Contributions, gifts, grants paid | 5,204,125 | | | 5,204,125 |
| 26 Total expenses and disbursements. Add lines 24 and 25 | 6,961,370 | 957,093 | 0 | 5,880,864 | |
| 27 Subtract line 26 from line 12: | | | | | |
| a Excess of revenue over expenses and disbursements | 6,671,984 | | | | |
| b Net investment income (if negative, enter -0-) | | 12,577,477 | | | |
| c Adjusted net income (if negative, enter -0-) | | | 0 | | |

For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2021)

| Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.) | | Beginning of year | End of year | |
|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------|-----------------------|
| | | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| Assets | 1 Cash – non-interest-bearing | | | |
| | 2 Savings and temporary cash investments | 3,519,300 | 6,574,799 | 6,574,799 |
| | 3 Accounts receivable <input type="checkbox"/> 1,089,065 | | | |
| | Less: allowance for doubtful accounts <input type="checkbox"/> | 1,089,065 | 1,089,065 | 219,902 |
| | 4 Pledges receivable <input type="checkbox"/> | | | |
| | Less: allowance for doubtful accounts <input type="checkbox"/> | | | |
| | 5 Grants receivable | | | |
| | 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) | | | |
| | 7 Other notes and loans receivable (att. schedule) <input type="checkbox"/> See Wrk 2,715,900 | | | |
| | Less: allowance for doubtful accounts <input type="checkbox"/> 0 | 2,356,105 | 2,715,900 | 2,715,900 |
| | 8 Inventories for sale or use | | | |
| | 9 Prepaid expenses and deferred charges | | | |
| | 10a Investments – U.S. and state government obligations (attach schedule) Stmt 8 | 5,443,616 | 4,251,411 | 4,370,000 |
| | b Investments – corporate stock (attach schedule) See Stmt 9 | 58,708,354 | 64,601,735 | 112,855,785 |
| | c Investments – corporate bonds (attach schedule) See Stmt 10 | 7,212,126 | 5,479,654 | 5,624,736 |
| | 11 Investments – land, buildings, and equipment basis <input type="checkbox"/> | | | |
| Less: accumulated depreciation (attach sch.) <input type="checkbox"/> | | | | |
| 12 Investments – mortgage loans | | | | |
| 13 Investments – other (attach schedule) See Statement 11 | 386,880 | 586,675 | 1,099,029 | |
| 14 Land, buildings, and equipment: basis <input type="checkbox"/> 148,866 | | | | |
| Less: accumulated depreciation (attach sch.) <input type="checkbox"/> Stmt 12 126,222 | 33,237 | 22,644 | 22,644 | |
| 15 Other assets (describe <input type="checkbox"/> See Statement 13) | 50,000 | 50,000 | 269,000 | |
| 16 Total assets (to be completed by all filers – see the instructions. Also, see page 1, item I) | 78,798,683 | 85,371,883 | 133,751,795 | |
| Liabilities | 17 Accounts payable and accrued expenses | | | |
| | 18 Grants payable | | | |
| | 19 Deferred revenue | | | |
| | 20 Loans from officers, directors, trustees, and other disqualified persons | | | |
| | 21 Mortgages and other notes payable (attach schedule) | | | |
| | 22 Other liabilities (describe <input type="checkbox"/> See Statement 14) | 98,784 | | |
| | 23 Total liabilities (add lines 17 through 22) | 98,784 | 0 | |
| Net Assets or Fund Balances | Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30. <input type="checkbox"/> | | | |
| | 24 Net assets without donor restrictions | | | |
| | 25 Net assets with donor restrictions | | | |
| | Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30. <input checked="" type="checkbox"/> | | | |
| | 26 Capital stock, trust principal, or current funds | | | |
| | 27 Paid-in or capital surplus, or land, bldg., and equipment fund | | | |
| | 28 Retained earnings, accumulated income, endowment, or other funds | 78,699,899 | 85,371,883 | |
| 29 Total net assets or fund balances (see instructions) | 78,699,899 | 85,371,883 | | |
| 30 Total liabilities and net assets/fund balances (see instructions) | 78,798,683 | 85,371,883 | | |

Part III Analysis of Changes in Net Assets or Fund Balances

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---|------------|
| 1 Total net assets or fund balances at beginning of year – Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) | 1 | 78,699,899 |
| 2 Enter amount from Part I, line 27a | 2 | 6,671,984 |
| 3 Other increases not included in line 2 (itemize) <input type="checkbox"/> | 3 | |
| 4 Add lines 1, 2, and 3 | 4 | 85,371,883 |
| 5 Decreases not included in line 2 (itemize) <input type="checkbox"/> | 5 | |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 29 | 6 | 85,371,883 |

Part IV Capital Gains and Losses for Tax on Investment Income

| (a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | | (b) How acquired P – Purchase D – Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------|
| 1a | Various marketable securities | P | | |
| b | Capital gain distributions | | | |
| c | | | | |
| d | | | | |
| e | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) ((e) plus (f) minus (g)) | |
| a | 44,498,561 | 33,759,131 | 10,739,430 | |
| b | 415,341 | | 415,341 | |
| c | | | | |
| d | | | | |
| e | | | | |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. | | | | (i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)) |
| (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (i) over col. (j), if any | | |
| a | | | 10,739,430 | |
| b | | | 415,341 | |
| c | | | | |
| d | | | | |
| e | | | | |
| 2 | 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 | | 2 | 11,154,771 |
| 3 | Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 | | 3 | |

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

| | | | |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here <input checked="" type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions) | 1 | 174,827 |
| b | All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) 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-) | 2 | 0 |
| 3 | Add lines 1 and 2 | 3 | 174,827 |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) | 4 | 0 |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | 5 | 174,827 |
| 6 | Credits/Payments: | | |
| a | 2021 estimated tax payments and 2020 overpayment credited to 2021 | 6a | 171,652 |
| b | Exempt foreign organizations – tax withheld at source | 6b | |
| c | Tax paid with application for extension of time to file (Form 8868) | 6c | |
| d | Backup withholding erroneously withheld | 6d | |
| 7 | Total credits and payments. Add lines 6a through 6d | 7 | 171,652 |
| 8 | Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached | 8 | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | 3,175 |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | |
| 11 | Enter the amount of line 10 to be: Credited to 2022 estimated tax <input checked="" type="checkbox"/> Refunded <input checked="" type="checkbox"/> | 11 | |

Part VI-A Statements Regarding Activities

| | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------|
| 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? | | X |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition | | X |
| 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? | | X |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. u \$ _____ (2) On foundation managers. u \$ _____ | | |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. u \$ _____ | | |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? | | X |
| 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 of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | X |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | X |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | N/A | |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | X |
| If "Yes," attach the statement required by <i>General Instruction T</i> . | | |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: ● 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? | 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 XIV | X | |
| 8a Enter the states to which the foundation reports or with which it is registered. See instructions. u GA | | |
| b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation | 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 2021 or the tax year beginning in 2021? See instructions for Part XIII. If "Yes," complete Part XIII | | X |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | | X |
| 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 | | X |
| 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 | | X |
| 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | X | |
| Website address u www.peytonanderson.org | | |
| 14 The books are in care of u Karen J. Lambert Telephone no. u 478-743-5359 577 Mulberry Street, Suite 830 | | |
| Located at u Macon GA ZIP+4 u 31201 | | |
| 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here | u <input type="checkbox"/> | |
| and enter the amount of tax-exempt interest received or accrued during the year | | |
| | u | 15 |
| 16 At any time during calendar year 2021, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? | | X |
| See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country u | | |

Part VI-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? | 1a(1) | X |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? | 1a(2) | X |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | 1a(3) | X |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | 1a(4) | X |
| (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? | 1a(5) | X |
| (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.) | 1a(6) | X |
| b 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 | X |
| c Organizations relying on a current notice regarding disaster assistance, check here | | |
| d 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 2021? | 1d | |
| N/A | | |
| 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)): | | |
| a At the end of tax year 2021, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2021? | 2a | X |
| If "Yes," list the years u 20, 20, 20, 20 | | |
| b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement – see instructions.) | 2b | |
| N/A | | |
| c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. u 20, 20, 20, 20 | | |
| 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? | 3a | X |
| b If "Yes," did it have excess business holdings in 2021 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2021.) | 3b | |
| N/A | | |
| 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | X |
| b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2021? | 4b | X |

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

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

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

1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.

| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|----------------------|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| See Statement 15 | | | | |
| | | | | |
| | | | | |
| | | | | |

2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."

| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---------------------------------------------------------------|-----------------------------------------------------------|------------------|-----------------------------------------------------------------------|---------------------------------------|
| See attached Macon 577 Mulberry Street Suite 830 GA 31201 | See attached | 242,600 | 55,250 | 0 |
| | | | | |
| | | | | |
| | | | | |

Total number of other employees paid over \$50,000 **0**

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."

| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
|----------------------------------------------------------------------------------------|---------------------|------------------|
| Baron Capital Management, Inc. New York 767 Fifth Avenue, 49th Floor NY 10153 | Investment Mgr | 245,254 |
| Snyder Capital Management, LP San Francisco 101 Mission Street, Suite 1400 CA 94105 | Investment Mgr | 234,782 |
| H S Management Partners, LLC New York 640 Fifth Avenue, 18th Floor NY 10019 | Investment Mgr | 225,202 |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | 0 | |

Part VIII-A Summary of Direct Charitable Activities

| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 1 N/A | |
| 2 | |
| 3 | |
| 4 | |

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

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

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

| | | | |
|---|-----------------------------------------------------------------------------------------------------------------|----|-------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| a | Average monthly fair market value of securities | 1a | 122,733,881 |
| b | Average of monthly cash balances | 1b | 2,745,208 |
| c | Fair market value of all other assets (see instructions) | 1c | 219,902 |
| d | Total (add lines 1a, b, and c) | 1d | 125,698,991 |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) | 1e | 0 |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0 |
| 3 | Subtract line 2 from line 1d | 3 | 125,698,991 |
| 4 | Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) | 4 | 1,885,485 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 | 5 | 123,813,506 |
| 6 | Minimum investment return. Enter 5% (0.05) of line 5 | 6 | 6,190,675 |

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

| | | | |
|----|----------------------------------------------------------------------------------------------------------|----|-----------|
| 1 | Minimum investment return from Part IX, line 6 | 1 | 6,190,675 |
| 2a | Tax on investment income for 2021 from Part V, line 5 | 2a | 174,827 |
| b | Income tax for 2021. (This does not include the tax from Part V.) | 2b | |
| c | Add lines 2a and 2b | 2c | 174,827 |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 6,015,848 |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | 6,015,848 |
| 6 | Deduction from distributable amount (see instructions) | 6 | |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1 | 7 | 6,015,848 |

Part XI Qualifying Distributions (see instructions)

| | | | |
|---|-----------------------------------------------------------------------------------------------------------|----|-----------|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| a | Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26 | 1a | 5,880,864 |
| b | Program-related investments – total from Part VIII-B | 1b | |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | 2,329 |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| a | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4 | 4 | 5,883,193 |

Form **990-PF** (2021)

Part XII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2020 | (c) 2020 | (d) 2021 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------|-------------|------------------|
| 1 Distributable amount for 2021 from Part X, line 7 | | | | 6,015,848 |
| 2 Undistributed income, if any, as of the end of 2021: | | | | |
| a Enter amount for 2020 only | | | | |
| b Total for prior years: 20____, 20____, 20____ | | | | |
| 3 Excess distributions carryover, if any, to 2021: | | | | |
| a From 2016 | 939,955 | | | |
| b From 2017 | 726,777 | | | |
| c From 2018 | 757,649 | | | |
| d From 2019 | 766,442 | | | |
| e From 2020 | 419,340 | | | |
| f Total of lines 3a through e | 3,610,163 | | | |
| 4 Qualifying distributions for 2021 from Part XI, line 4: <input type="checkbox"/> \$ 5,883,193 | | | | |
| a Applied to 2020, 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 2021 distributable amount | | | | 5,883,193 |
| e Remaining amount distributed out of corpus | | | | |
| 5 Excess distributions carryover applied to 2021 (If an amount appears in column (d), the same amount must be shown in column (a).) | 132,655 | | | 132,655 |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | 3,477,508 | | | |
| 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 2020. Subtract line 4a from line 2a. Taxable amount – see instructions | | | | |
| f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2022 | | | | 0 |
| 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 2016 not applied on line 5 or line 7 (see instructions) | 807,300 | | | |
| 9 Excess distributions carryover to 2022. Subtract lines 7 and 8 from line 6a | 2,670,208 | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2017 | 726,777 | | | |
| b Excess from 2018 | 757,649 | | | |
| c Excess from 2019 | 766,442 | | | |
| d Excess from 2020 | 419,340 | | | |
| e Excess from 2021 | | | | |

Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2021, enter the date of the ruling **u**

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed

| | Tax year | Prior 3 years | | | (e) Total |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------|----------|----------|-----------|
| | (a) 2021 | (b) 2020 | (c) 2019 | (d) 2018 | |
| b 85% (0.85) of line 2a | | | | | |
| c Qualifying distributions from Part XI, line 4, for each year listed | | | | | |
| d 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: | | | | | |
| a "Assets" alternative test – enter: | | | | | |
| (1) Value of all assets | | | | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| b "Endowment" alternative test – enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed | | | | | |
| c "Support" alternative test – enter: | | | | | |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | | | | | |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) | | | | | |
| (3) Largest amount of support from an exempt organization | | | | | |
| (4) Gross investment income | | | | | |

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

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)
N/A

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.
N/A

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:
Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:
See Statement 16

b The form in which applications should be submitted and information and materials they should include:
See PAF grant application attached.

c Any submission deadlines:
April 1st and August 1st

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:
See PAF grant application attached.

Part XIV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------|------------------|
| a <i>Paid during the year</i> American Association of Equine 4033 Iron Works Pkwy Lexington KY 40511 | N/A | PC | Discretionary | 1,000 |
| Auburn University Foundation 317 S. College St Auburn AL 36849 | N/A | PC | College of Veterinary Medicine's Pey | 1,000 |
| Bibb County Sheriff's Office PO Box 930 Macon GA 31202 | N/A | PC | Sheriff Davis's Community Fund | 5,000 |
| Bibb County Sheriff's Office PO Box 930 Macon GA 31202 | N/A | PC | Sheriff Davis's Community Fund | 10,000 |
| Bolles School 7400 San Jose Blvd Jacksonville FL 32217 | N/A | PC | Discretionary | 3,000 |
| Boys & Girls Clubs of Central 277 MLK Jr Blvd Macon GA 31201 | N/A | PC | Virtual Driver Interactive Program | 29,325 |
| Central Georgia Technical College 3300 Macon Tech Dr Macon GA 31206 | N/A | PC | Discretionary | 1,000 |
| Central Georgia Technical College 3300 Macon Tech Dr Macon GA 31206 | N/A | PC | Scholarships | 3,000 |
| Community Foundation of Central 577 Mulberry St Macon GA 31201 | N/A | PC | Downtown Challenge 2.0 | 375,000 |
| Community Foundation of Central 577 Mulberry St Macon GA 31201 | N/A | PC | The Shield Club | 1,000 |
| Total | | | u 3a | 5,204,125 |
| b <i>Approved for future payment</i> N/A | | | | |
| Total | | | u 3b | |

Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

| | Unrelated business income | | Excluded by section 512, 513, or 514 | | (e) Related or exempt function income (See instructions.) |
|------------------------------------------------------------|---------------------------|---------------|--------------------------------------|---------------|--------------------------------------------------------------------|
| | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | |
| 1 Program service revenue: | | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash investments | | | 14 | 359,619 | |
| 4 Dividends and interest from securities | | | 14 | 1,510,280 | |
| 5 Net rental income or (loss) from real estate: | | | | | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal property | | | | | |
| 7 Other investment income | | | 14 | 509,900 | |
| 8 Gain or (loss) from sales of assets other than inventory | | | 18 | 11,154,771 | |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue: a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 12 Subtotal. Add columns (b), (d), and (e) | | | 0 | 13,534,570 | 0 |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 13,534,570 |

(See worksheet in line 13 instructions to verify calculations.)

Part XV-B Relationship of Activities to the Accomplishment of Exempt Purposes

| Line No. | Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.) |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| q | |
| N/A | |
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Part XVI Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

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

| (a) Line no. | (b) Amount involved | (c) Name of noncharitable exempt organization | (d) Description of transfers, transactions, and sharing arrangements |
|--------------|---------------------|-----------------------------------------------|----------------------------------------------------------------------|
| N/A | | | |
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2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule.

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

May the IRS discuss this return with the preparer shown below? See instructions. Yes No

Sign Here

Signature of officer or trustee: _____ Date: _____ Title: **President**

| | | | | |
|-------------------------------|-----------------------------------------------------------|--------------------------------------------------|--------------------------------|-------------------------------------------------|
| Paid Preparer Use Only | Print/Type preparer's name Georgia G. Slagle | Preparer's signature Georgia G. Slagle | Date | Check <input type="checkbox"/> if self-employed |
| | Firm's name " Howard, Moore & McDuffie, P.C. | PTIN P00083775 | Firm's EIN " 58-1484212 | |
| | Firm's address " P.O. Box 4547 Macon, GA 31208 | Phone no. 478-742-5317 | | |

Part XIV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------|-------------|
| a <i>Paid during the year</i> Community Foundation of Central 577 Mulberry St Macon GA 31201 | N/A | PC | Discretionary | 2,500 |
| Community Foundation of Central 577 Mulberry St Macon GA 31201 | N/A | PC | Discretionary | 1,000 |
| Crossroads Counseling Center 144 Pierce Ave Macon GA 31204 | N/A | PC | Discretionary | 1,500 |
| Family Counseling Center of 277 MLK Jr. Blvd Macon GA 31201 | N/A | PC | Individual/Family Counseling and Ass | 64,500 |
| Field of Hope, Inc. 2193 Vineville Ave Macon GA 31204 | N/A | PC | Discretionary | 2,000 |
| First Choice Primary Care PO Box 4363 Macon GA 31208 | N/A | PC | Building Capacity to Care | 250,000 |
| First Choice Primary Care PO Box 4363 Macon GA 31208 | N/A | PC | Discretionary | 1,000 |
| First Presbyterian Day School 5671 Calvin Dr Macon GA 31210 | N/A | PC | Discretionary | 1,000 |
| Fort Valley State University 1005 State University Dr Fort Valley GA 31030 | N/A | PC | Scholarships | 2,500 |
| Friends of the Douglass Theatre 355 MLK Jr. Blvd Macon GA 31201 | N/A | PC | Centennial Celebration | 10,000 |
| Total | | | | u 3a |
| b <i>Approved for future payment</i> | | | | |
| N/A | | | | |
| Total | | | | u 3b |

Part XIV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------|---------|
| a <i>Paid during the year</i> Georgia College & State University 231 W Hancock St Milledgeville GA 31061 | N/A | PC | Scholarships | 19,750 |
| Georgia Institute of Technology North Ave Atlanta GA 30332 | N/A | PC | Scholarships | 40,500 |
| Georgia Legal Services Program 241 Third St Macon GA 31202 | N/A | PC | Discretionary | 2,500 |
| Georgia Press Educational 3066 Mercer University Dr Atlanta GA 30341 | N/A | PC | Capital Beat News Service Bureau | 25,000 |
| Georgia Southern University 1332 Southern Dr Statesboro GA 30458 | N/A | PC | Scholarships | 20,500 |
| Georgia State University PO Box 2668 Atlanta GA 30303 | N/A | PC | Scholarships | 29,500 |
| Georgia Suns Youth 441 Poppy Ave Macon GA 31204 | N/A | PC | Senior's Holiday Luncheon | 1,500 |
| Georgia Trust for Historic 934 Georgia Ave Macon GA 31201 | N/A | PC | Discretionary | 1,000 |
| Goodwill Industries of Middle 5171 Eisenhower Pkwy Macon GA 31206 | N/A | PC | Discretionary | 1,000 |
| Greater Macon Educational 305 Coliseum Dr Macon GA 31217 | N/A | PC | Macon-Bibb County Talent Recruitment | 250,000 |
| Total | | | u 3a | |
| b <i>Approved for future payment</i> N/A | | | | |
| Total | | | u 3b | |

Part XIV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|--------|
| a <i>Paid during the year</i> Historic Macon PO Box 13358 Macon GA 31208 | N/A | PC | Discretionary | 1,000 |
| Historic Macon PO Box 13358 Macon GA 31208 | N/A | PC | Discretionary | 1,000 |
| Historic Macon PO Box 13358 Macon GA 31208 | N/A | PC | Discretionary | 2,500 |
| Historic Macon PO Box 13358 Macon GA 31208 | N/A | PC | Rose Hill | 2,000 |
| Historic Macon PO Box 13358 Macon GA 31208 | N/A | PC | Discretionary | 1,000 |
| Holy Comforter Episcopal 2001 Fleischmann Rd Tallahassee FL 32308 | N/A | PC | Discretionary | 1,000 |
| Kennesaw State University 1000 Chastain Road NW Kennesaw GA 30144 | N/A | PC | Scholarships | 25,500 |
| League of Women Voters 754 West Forrest Ridge Macon GA 31204 | N/A | PC | League of Women Voter's Pamphlet | 1,800 |
| Learn & Earn Bike Shop, Inc. PO Box 7801 Macon GA 31209 | N/A | PC | Discretionary | 1,000 |
| Macon Area Habitat for Humanity 690 Holt Ave Macon GA 31204 | N/A | PC | Discretionary | 1,000 |
| Total | | | u 3a | |
| b <i>Approved for future payment</i> N/A | | | | |
| Total | | | u 3b | |

Part XIV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------|--------|
| a <i>Paid during the year</i> | | | | |
| Macon Arts Alliance 486 First St Macon GA 31201 | N/A | PC | Discretionary | 1,000 |
| Macon Georgia Cherry Blossom 794 Cherry St Macon GA 31201 | N/A | PC | Discretionary | 1,000 |
| Macon Outreach at Mulberry 267 First St Macon GA 31202 | N/A | PC | Capital Improvements - Lighting Repl | 25,000 |
| Macon Outreach at Mulberry 267 First St Macon GA 31202 | N/A | PC | Discretionary | 3,000 |
| Macon Pops, Inc. PO Box 6295 Macon GA 31208 | N/A | PC | Discretionary | 1,000 |
| Macon Pops, Inc. PO Box 6295 Macon GA 31208 | N/A | PC | Discretionary | 10,000 |
| Macon Volunteer Clinic 376 Rogers Ave Macon GA 31204 | N/A | PC | Discretionary | 1,000 |
| Me Over PD Foundation, Inc. 4972 Hubner Cir Sarasota FL 34241 | N/A | PC | PD Fit | 40,000 |
| Me Over PD Foundation, Inc. 4972 Hubner Cir Sarasota FL 34241 | N/A | PC | Discretionary | 2,000 |
| Men About Change, Inc. 3805 Napier Ave Macon GA 31204 | N/A | PC | Virtual Learning Academy - Special N | 10,000 |
| Total | | | u 3a | |
| b <i>Approved for future payment</i> | | | | |
| N/A | | | | |
| Total | | | u 3b | |

Part XIV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|--------|
| a <i>Paid during the year</i> Methodist Children's Home 304 Pierce Ave Macon GA 31204 | N/A | PC | Fire Safety for Macon Campus | 75,000 |
| Methodist Children's Home 304 Pierce Ave Macon GA 31204 | N/A | PC | HOPE Foster Care | 1,000 |
| Methodist Children's Home 304 Pierce Ave Macon GA 31204 | N/A | PC | Discretionary | 1,200 |
| Methodist Children's Home 304 Pierce Ave Macon GA 31204 | N/A | PC | Discretionary | 1,500 |
| Michael J. Fox Foundation PO Box 5014 Hagerstown MD 21741-5014 | N/A | PC | Discretionary | 1,000 |
| Middle Georgia Access to Justice PO Box 1732 Macon GA 31202 | N/A | PC | Heirs Property | 1,000 |
| Middle Georgia Access to Justice PO Box 1732 Macon GA 31202 | N/A | PC | Discretionary | 2,500 |
| Middle Georgia Access to Justice PO Box 1732 Macon GA 31202 | N/A | PC | Discretionary | 1,000 |
| Middle Georgia Community 4490 Ocmulgee East Blvd Macon GA 31217 | N/A | PC | Discretionary | 1,800 |
| Middle Georgia Regional Library PO Box 6334 Macon GA 31208 | N/A | PC | Discretionary | 1,000 |
| Total | | | u 3a | |
| b <i>Approved for future payment</i> N/A | | | | |
| Total | | | u 3b | |

Part XIV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|---------|
| a <i>Paid during the year</i> Middle Georgia State University 100 University Pkwy macon GA 31206 | N/A | PC | Scholarships | 13,250 |
| Museum of Arts and Sciences 4182 Forsyth Rd Macon GA 31210 | N/A | PC | Discretionary | 1,000 |
| Museum of Arts and Sciences 4182 Forsyth Rd Macon GA 31210 | N/A | PC | Discretionary | 1,000 |
| Museum of Arts and Sciences 4182 Forsyth Rd Macon GA 31210 | N/A | PC | Discretionary | 2,500 |
| Museum of Aviation 1942 Heritage Blvd Warner Robins GA 31088 | N/A | PC | Discretionary | 1,000 |
| Navicent Health Foundation 777 Hemlock St Macon GA 31201 | N/A Beverly Knight | PC | Olson Children's Hosp | 750,000 |
| Navicent Health Foundation 777 Hemlock St Macon GA 31201 | N/A | PC | Discretionary | 1,000 |
| Navicent Health Foundation 777 Hemlock St Macon GA 31201 | N/A | PC | Discretionary | 1,000 |
| Navicent Health Foundation 777 Hemlock St Macon GA 31201 | N/A | PC | Discretionary | 1,000 |
| Navicent Health Foundation 777 Hemlock St Macon GA 31201 | N/A | PC | Discretionary | 1,000 |
| Total | | | u 3a | |
| b <i>Approved for future payment</i> N/A | | | | |
| Total | | | u 3b | |

Part XIV Supplementary Information *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------|-----------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> NewTown Macon 555 Poplar St Macon GA 31201 | N/A | PC | Building on Progress Capital Campaig | 500,000 |
| NewTown Macon 555 Poplar St Macon GA 31201 | N/A | PC | Five-Year Strategic Planning Retreat | 25,000 |
| NewTown Macon 555 Poplar St Macon GA 31201 | N/A | PC | Rose Hill Cemetary Map Project | 10,000 |
| NewTown Macon 555 Poplar St Macon GA 31201 | N/A | PC | Discretionary | 2,000 |
| NewTown Macon 555 Poplar St Macon GA 31201 | N/A | PC | Discretionary | 1,000 |
| Not One More Vet PO Box 726656 San Francisco CA 94142 | N/A | PC | Discretionary | 1,000 |
| Ocmulgee National Park and 598 D. T. Walton Sr. Way Macon GA 31201 | N/A | PC | Ocmulgee Mounds National Historical | 1,200,000 |
| Philanthropy Roundtable 1120 20th Street NW Washington DC 20036 | N/A | PC | Discretionary | 1,000 |
| Rescue Mission of Middle Gerogia 6601 Zebulon Rd Macon GA 31220 | N/A | PC | Capital Campaign | 200,000 |
| Rescue Mission of Middle Gerogia 6601 Zebulon Rd Macon GA 31220 | N/A | PC | Discretionary | 2,500 |
| Total | | | u 3a | |
| b <i>Approved for future payment</i> N/A | | | | |
| Total | | | u 3b | |

Part XIV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------|---------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> Rescue Mission of Middle Georgia 6601 Zebulon Rd Macon GA 31220 | N/A | PC | Discretionary | 5,000 |
| Sequoia Dental Assisting School 4226 Hartley Bridge Rd Macon GA 31216 | N/A | PC | Discretionary | 5,000 |
| St. Jude Children's Research 262 Danny Thomas Pl Memphis TN 38105 | N/A | PC | Discretionary | 2,000 |
| Storybook Farm 300 Cusseta Rd Opelika AL 36801 | N/A | PC | Discretionary | 5,000 |
| Stratford Academy 6010 Peake Rd Macon GA 31220 | N/A | PC | Discretionary | 1,000 |
| Stratford Academy 6010 Peake Rd Macon GA 31220 | N/A | PC | Discretionary | 2,500 |
| The Community Foundation of 191 Peachtree St NE Atlanta GA 30303 | N/A | PC | Operational Support | 15,000 |
| The Corporation of Mercer 1501 Mercer University Dr Macon GA 31207 | N/A | PC | Mercer Music at Capricorn | 500,000 |
| The Corporation of Mercer 1501 Mercer University Dr Macon GA 31207 | N/A | PC | The Macon-Mercer Symphony Orchestra | 60,000 |
| The Corporation of Mercer 1501 Mercer University Dr Macon GA 31207 | N/A | PC | The Peyton Anderson Civic Journalism | 75,000 |
| Total | | | u 3a | |
| b <i>Approved for future payment</i> N/A | | | | |
| Total | | | u 3b | |

Part XIV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------|--------|
| a <i>Paid during the year</i> | | | | |
| The Corporation of Mercer 1501 Mercer University Dr Macon GA 31207 | N/A | PC A Night of Georgia Music | | 75,000 |
| The Corporation of Mercer 1501 Mercer University Dr Macon GA 31207 | N/A | PC McDuffie Center for Strings | | 1,000 |
| The Corporation of Mercer 1501 Mercer University Dr Macon GA 31207 | N/A | PC Mercer University Press | | 5,000 |
| The Corporation of Mercer 1501 Mercer University Dr Macon GA 31207 | N/A | PC Townsend School of Music Annual Fund | | 2,500 |
| The Corporation of Mercer 1501 Mercer University Dr Macon GA 31207 | N/A | PC Stetson School of Business for the A | | 2,500 |
| The Corporation of Mercer 1501 Mercer University Dr Macon GA 31207 | N/A | PC Mercer Law School's Dean Endowment F | | 5,000 |
| The Corporation of Mercer 1501 Mercer University Dr Macon GA 31207 | N/A | PC Scholarships | | 39,500 |
| The University of Georgia 394 S Milledge Ave Athens GA 30602 | N/A | PC College of Veterinary Medicine for t | | 1,000 |
| The University of Georgia 394 S Milledge Ave Athens GA 30602 | N/A | PC Discretionary | | 2,500 |
| United Way of Central Georgia P.O. Box 1302 Macon GA 31202-1302 | N/A | PC Brookdale Warming Center | | 25,000 |
| Total | | | u 3a | |
| b <i>Approved for future payment</i> | | | | |
| N/A | | | | |
| Total | | | u 3b | |

Part XIV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|-------------|
| a Paid during the year | | | | |
| United Way of Central Georgia P.O. Box 1302 Macon GA 31202-1302 | N/A U Create Macon | PC Passenger Van and Ins | | 9,000 |
| United Way of Central Georgia P.O. Box 1302 Macon GA 31202-1302 | N/A Lights for | PC Tom Fontaine Complex | | 25,000 |
| United Way of Central Georgia P.O. Box 1302 Macon GA 31202-1302 | N/A | PC | Read United | 150,000 |
| United Way of Central Georgia P.O. Box 1302 Macon GA 31202-1302 | N/A | PC | Discretionary | 3,000 |
| United Way of Central Georgia P.O. Box 1302 Macon GA 31202-1302 | N/A | PC | Discretionary | 1,000 |
| United Way of Central Georgia P.O. Box 1302 Macon GA 31202-1302 | N/A | PC | Discretionary | 1,000 |
| University of Georgia 394 S Milledge Ave Athens GA 30602 | N/A | PC | Scholarships | 88,500 |
| University of Miami PO Box 025388 Miami FL 33102 | N/A ALS Center in memory of | PC Susana Lopez | | 5,000 |
| Wesleyan College 4760 Forsyth Rd Macon GA 31210 | N/A | PC | Scholarships | 1,500 |
| Total | | | | U 3a |
| b Approved for future payment | | | | |
| N/A | | | | |
| Total | | | | U 3b |

Federal Statements

Statement 1 - Form 990-PF, Part I, Line 11 - Other Income

| Description | Revenue per Books | Net Investment Income | Adjusted Net Income |
|-------------------------------|----------------------|--------------------------|------------------------|
| Int/fees-Mission related loan | \$ 509,900 | \$ 509,900 | \$ |
| Total | <u>\$ 509,900</u> | <u>\$ 509,900</u> | <u>\$ 0</u> |

Statement 2 - Form 990-PF, Part I, Line 16a - Legal Fees

| Description | Total | Net Investment | Adjusted Net | Charitable Purpose |
|-------------|-----------------|-------------------|-----------------|-----------------------|
| Legal fees | \$ 1,079 | \$ | \$ | \$ 1,079 |
| Total | <u>\$ 1,079</u> | <u>\$ 0</u> | <u>\$ 0</u> | <u>\$ 1,079</u> |

Statement 3 - Form 990-PF, Part I, Line 16b - Accounting Fees

| Description | Total | Net Investment | Adjusted Net | Charitable Purpose |
|-----------------|-----------------|-------------------|-----------------|-----------------------|
| Accounting fees | \$ 2,167 | \$ 217 | \$ | \$ 1,950 |
| Total | <u>\$ 2,167</u> | <u>\$ 217</u> | <u>\$ 0</u> | <u>\$ 1,950</u> |

Statement 4 - Form 990-PF, Part I, Line 16c - Other Professional Fees

| Description | Total | Net Investment | Adjusted Net | Charitable Purpose |
|-------------------------|-------------------|-------------------|-----------------|-----------------------|
| Money manager services | \$ 766,958 | \$ 766,958 | \$ | \$ |
| Other professional fees | 19,439 | 30 | | 19,409 |
| Total | <u>\$ 786,397</u> | <u>\$ 766,988</u> | <u>\$ 0</u> | <u>\$ 19,409</u> |

Federal Statements

Statement 5 - Form 990-PF, Part I, Line 18 - Taxes

| <u>Description</u> | <u>Total</u> | <u>Net Investment</u> | <u>Adjusted Net</u> | <u>Charitable Purpose</u> |
|-------------------------|-------------------|-----------------------|---------------------|---------------------------|
| Payroll taxes and other | \$ 24,816 | \$ 3,328 | \$ | \$ 21,488 |
| Excise taxes | 111,550 | | | |
| Total | \$ 136,366 | \$ 3,328 | \$ 0 | \$ 21,488 |

Statement 6 - Form 990-PF, Part I, Line 19 - Depreciation

| <u>Description</u> | | <u>Date Acquired</u> | <u>Cost Basis</u> | <u>Prior Year Depreciation</u> | <u>Method</u> | <u>Life</u> | <u>Current Year Depreciation</u> | <u>Net Investment Income</u> | <u>Adjusted Net Income</u> |
|---------------------------------------|--|----------------------|-------------------|--------------------------------|---------------|-------------|----------------------------------|------------------------------|----------------------------|
| Office Furnishings | | 4/28/89 | \$ 2,650 | \$ 2,650 | S/L | 7 | \$ | \$ | |
| Office Furnishings | | 8/31/89 | 18,811 | 18,811 | S/L | 7 | | | |
| Office Furnishings | | 8/01/97 | 7,636 | 7,636 | S/L | 7 | | | |
| End-tab filing cabinet | | 7/14/97 | 194 | 194 | S/L | 7 | | | |
| Open shelf filing system | | 7/16/97 | 1,464 | 1,464 | S/L | 7 | | | |
| Side Board -Large Conference Room | | 9/10/97 | 741 | 741 | S/L | 7 | | | |
| (2) Chippendale Chairs-Karen's Office | | 3/23/00 | 435 | 435 | S/L | 7 | | | |
| Drop Leaf Table-Karen's office | | 7/28/00 | 398 | 398 | S/L | 7 | | | |
| Desk with Hutch-Karen's office | | 1/19/01 | 1,585 | 1,585 | S/L | 7 | | | |
| Sofa-Reception | | 12/23/02 | 423 | 423 | S/L | 7 | | | |
| Office Furnishings | | 12/31/03 | 6,096 | 6,096 | S/L | 7 | | | |
| Office Furnishings & Equipment | | 12/31/04 | 5,875 | 5,875 | S/L | 7 | | | |

Federal Statements

Statement 6 - Form 990-PF, Part I, Line 19 - Depreciation (continued)

| Description | | | | | | | | |
|------------------------------------------|------------|-------------------------|--------|------|---------------------------|-----------------------|---------------------|--|
| Date Acquired | Cost Basis | Prior Year Depreciation | Method | Life | Current Year Depreciation | Net Investment Income | Adjusted Net Income | |
| Refrigerator | | | | | | | | |
| 3/19/07 | \$ 622 | \$ 622 | S/L | 7 | \$ | \$ | \$ | |
| Queen Anne Table & 6 Chairs-Sm Conf Room | | | | | | | | |
| 7/01/07 | 800 | 800 | S/L | 7 | | | | |
| Bookcase-Karen's Office | | | | | | | | |
| 9/17/07 | 112 | 112 | S/L | 7 | | | | |
| Chair-Reception Office | | | | | | | | |
| 12/17/07 | 348 | 348 | S/L | 7 | | | | |
| (3) Rugs | | | | | | | | |
| 2/01/08 | 2,247 | 2,247 | S/L | 7 | | | | |
| TV & Disc Player-Large Conference Room | | | | | | | | |
| 3/11/10 | 3,423 | 3,423 | S/L | 7 | | | | |
| L Desk-Scholarship Office | | | | | | | | |
| 4/09/10 | 934 | 934 | S/L | 7 | | | | |
| Chair-Scholarship Office | | | | | | | | |
| 4/09/10 | 149 | 149 | S/L | 7 | | | | |
| Lateral File 4 Drawer-Juanita's Office | | | | | | | | |
| 4/09/10 | 749 | 749 | S/L | 7 | | | | |
| Computer Desk-Sm Conf Room | | | | | | | | |
| 9/02/10 | 180 | 180 | S/L | 7 | | | | |
| Computer Desk-Scholarship Office | | | | | | | | |
| 9/02/10 | 180 | 180 | S/L | 7 | | | | |
| (2) Guest Chairs-Scholarship Office | | | | | | | | |
| 9/02/10 | 704 | 704 | S/L | 7 | | | | |
| Desk Chair-Scholarship Office | | | | | | | | |
| 10/18/10 | 192 | 192 | S/L | 7 | | | | |
| Round Table-Scholarship Office | | | | | | | | |
| 11/02/10 | 135 | 135 | S/L | 7 | | | | |
| File Cabinet 4 Drawer-Scholarship Office | | | | | | | | |
| 1/05/12 | 587 | 587 | S/L | 7 | | | | |
| Shredder | | | | | | | | |
| 10/01/12 | 1,378 | 1,378 | S/L | 7 | | | | |
| (2) Desks | | | | | | | | |
| 8/09/13 | 359 | 359 | S/L | 7 | | | | |

Federal Statements

Statement 6 - Form 990-PF, Part I, Line 19 - Depreciation (continued)

| Description | | | | | | | | | |
|-------------------------------------|------------|-------------------------|--------|------|---------------------------|-----------------------|---------------------|--|--|
| Date Acquired | Cost Basis | Prior Year Depreciation | Method | Life | Current Year Depreciation | Net Investment Income | Adjusted Net Income | | |
| Shelving-Storage Room | | | | | | | | | |
| 3/12/14 | \$ 993 | \$ 964 | S/L | 7 | \$ 29 | \$ 3 | | | |
| Flat Bed Cart | | | | | | | | | |
| 3/20/14 | 80 | 75 | S/L | 7 | 5 | | | | |
| Workcentre 7835 Copier | | | | | | | | | |
| 1/12/15 | 11,401 | 11,401 | S/L | 5 | | | | | |
| Mobile Beverage Cart | | | | | | | | | |
| 2/19/15 | 389 | 328 | S/L | 7 | 56 | 6 | | | |
| 700w Microwave | | | | | | | | | |
| 2/19/15 | 109 | 93 | S/L | 7 | 16 | 2 | | | |
| Office Desk & Chair-Chenza | | | | | | | | | |
| 4/06/15 | 2,405 | 1,962 | S/L | 7 | 344 | 34 | | | |
| New Server & (3) Monitors | | | | | | | | | |
| 3/07/16 | 10,473 | 10,038 | S/L | 5 | 435 | 44 | | | |
| Firewall | | | | | | | | | |
| 1/30/17 | 3,769 | 2,953 | S/L | 5 | 753 | 75 | | | |
| Grant Making Software | | | | | | | | | |
| 1/16/18 | 23,565 | 13,943 | S/L | 5 | 4,713 | 471 | | | |
| Office Chair-Gail | | | | | | | | | |
| 8/06/18 | 428 | 145 | S/L | 7 | 61 | 6 | | | |
| Financial Edge-Blackbaud | | | | | | | | | |
| 8/21/18 | 13,788 | 6,549 | S/L | 5 | 2,758 | 276 | | | |
| Surface Book 2-Gail | | | | | | | | | |
| 8/22/18 | 2,613 | 1,241 | S/L | 5 | 523 | 52 | | | |
| (2) Monitors-Gail | | | | | | | | | |
| 9/18/18 | 511 | 234 | S/L | 5 | 103 | 10 | | | |
| (7) Digium Switchvox D65 Phones | | | | | | | | | |
| 5/24/19 | 6,588 | 2,086 | S/L | 5 | 1,318 | 132 | | | |
| Wireless & Access Points | | | | | | | | | |
| 5/24/19 | 1,134 | 359 | S/L | 5 | 227 | 23 | | | |
| HP ProBook Laptop & Monitors-Charla | | | | | | | | | |
| 4/01/19 | 2,040 | 714 | S/L | 5 | 408 | 41 | | | |
| Microsoft Surface Pro - Karen's | | | | | | | | | |
| 8/06/20 | 3,980 | 332 | S/L | 5 | 796 | 80 | | | |

Federal Statements

Statement 6 - Form 990-PF, Part I, Line 19 - Depreciation (continued)

| Description | Date Acquired | Cost Basis | Prior Year Depreciation | Method | Life | Current Year Depreciation | Net Investment Income | Adjusted Net Income |
|-----------------------------------------------|------------------|-------------------|----------------------------|--------|------|------------------------------|--------------------------|------------------------|
| HP ProBook - Chenza's | 8/06/20 | \$ 2,605 | \$ 217 | S/L | 5 | \$ 521 | \$ 52 | \$ |
| HP Color LJ Pro Copier-Karen office | 3/31/21 | 481 | | S/L | 5 | 72 | 7 | |
| HP Color LJ Pro MFP Copier-Karen Home | 11/04/21 | 523 | | S/L | 5 | 17 | 2 | |
| Dell OptiPlex 3080 Desktop Computer-Karen Hom | 12/06/21 | 1,583 | | S/L | 5 | 26 | 2 | |
| Total | | <u>\$ 148,865</u> | <u>\$ 113,041</u> | | | <u>\$ 13,181</u> | <u>\$ 1,318</u> | <u>\$ 0</u> |

Statement 7 - Form 990-PF, Part I, Line 23 - Other Expenses

| Description | Total | Net Investment | Adjusted Net | Charitable Purpose |
|-------------------------------|-------------------|-------------------|-----------------|-----------------------|
| Expenses | \$ | \$ | \$ | \$ |
| Bank charges | 232 | | | 232 |
| Communications | 11,300 | | | 11,300 |
| Equipment maintenance and sup | 32,881 | 3,288 | | 29,593 |
| Internet, telephone, cable | 7,911 | 791 | | 7,120 |
| Office supplies and expense | 6,333 | 633 | | 5,700 |
| Scholarship expense | 17,837 | | | 17,837 |
| Subscriptions, dues, insuranc | 44,628 | 4,463 | | 40,165 |
| Total | <u>\$ 121,122</u> | <u>\$ 9,175</u> | <u>\$ 0</u> | <u>\$ 111,947</u> |

Federal Statements

Statement 8 - Form 990-PF, Part II, Line 10a - US and State Government Investments

| Description | Beginning of Year | End of Year | Basis of Valuation | Fair Market Value |
|----------------------------------|----------------------|---------------------|-----------------------|----------------------|
| SunTrust - US Government Agenc. | \$ 4,868,616 | \$ 3,360,507 | Cost | \$ 3,489,861 |
| SunTrust - Municipal Obligations | 575,000 | 890,904 | Cost | 880,139 |
| Total | <u>\$ 5,443,616</u> | <u>\$ 4,251,411</u> | | <u>\$ 4,370,000</u> |

Statement 9 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

| Description | Beginning of Year | End of Year | Basis of Valuation | Fair Market Value |
|-------------|----------------------|----------------------|-----------------------|-----------------------|
| Schwab | \$ 58,708,354 | \$ 64,601,735 | Cost | \$ 112,855,785 |
| Total | <u>\$ 58,708,354</u> | <u>\$ 64,601,735</u> | | <u>\$ 112,855,785</u> |

Statement 10 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments

| Description | Beginning of Year | End of Year | Basis of Valuation | Fair Market Value |
|-------------|----------------------|---------------------|-----------------------|----------------------|
| SunTrust | \$ 7,212,126 | \$ 5,479,654 | Cost | \$ 5,624,736 |
| Total | <u>\$ 7,212,126</u> | <u>\$ 5,479,654</u> | | <u>\$ 5,624,736</u> |

Statement 11 - Form 990-PF, Part II, Line 13 - Other Investments

| Description | Beginning of Year | End of Year | Basis of Valuation | Fair Market Value |
|-------------------------------------|----------------------|-------------------|-----------------------|----------------------|
| Partnerships & RE investment trusts | \$ 386,880 | \$ 586,675 | Cost | \$ 1,099,029 |
| Total | <u>\$ 386,880</u> | <u>\$ 586,675</u> | | <u>\$ 1,099,029</u> |

Federal Statements**Statement 12 - Form 990-PF, Part II, Line 14 - Land, Building, and Equipment**

| Description | Beginning Net Book | End Cost / Basis | End Accumulated Depreciation | Net FMV |
|-------------|-----------------------|---------------------|---------------------------------|------------|
| | \$ 33,237 | \$ 148,866 | \$ 126,222 | \$ 22,644 |
| Total | \$ 33,237 | \$ 148,866 | \$ 126,222 | \$ 22,644 |

Federal Statements**Statement 13 - Form 990-PF, Part II, Line 15 - Other Assets**

| <u>Description</u> | <u>Beginning of Year</u> | <u>End of Year</u> | <u>Fair Market Value</u> |
|--------------------|------------------------------|------------------------|------------------------------|
| Paintings - Penley | \$ 50,000 | \$ 50,000 | \$ 269,000 |
| Total | <u>\$ 50,000</u> | <u>\$ 50,000</u> | <u>\$ 269,000</u> |

Statement 14 - Form 990-PF, Part II, Line 22 - Other Liabilities

| <u>Description</u> | <u>Beginning of Year</u> | <u>End of Year</u> |
|---------------------------------|------------------------------|------------------------|
| Payroll Protection Program loan | \$ 98,784 | \$ |
| Total | <u>\$ 98,784</u> | <u>\$ 0</u> |

Federal Statements

Statement 15 - Form 990-PF, Part VII, Line 1 - List of Officers, Directors, Trustees, Etc.

| <u>Name and Address</u> | <u>Title</u> | <u>Average Hours</u> | <u>Compensation</u> | <u>Benefits</u> | <u>Expenses</u> |
|----------------------------------------------------------------------|--------------|----------------------|---------------------|-----------------|-----------------|
| Reid Hanson, Jr. 577 Mulberry Street Suite 830 Macon GA 31201 | Trustee | 4.00 | 16,065 | 0 | 0 |
| Kathryn H. Dennis 577 Mulberry Street Suite 830 Macon GA 31201 | Trustee | 4.00 | 16,065 | 0 | 0 |
| R. Kirby Godsey 577 Mulberry Street Suite 830 Macon GA 31201 | Trustee | 4.00 | 16,065 | 0 | 0 |
| Ed Sell, III 577 Mulberry Street Suite 830 Macon GA 31201 | Trustee | 4.00 | 16,065 | 0 | 0 |
| Marc T Treadwell 577 Mulberry Street Suite 830 Macon GA 31201 | Trustee | 4.00 | 0 | 0 | 0 |
| Karen J. Lambert 577 Mulberry Street Suite 830 Macon GA 31201 | President | 40.00 | 218,050 | 47,500 | 0 |

Statement 16 - Form 990-PF, Part XIV, Line 2a - Name, Address and Email for Applications

Description

Karen J. Lambert 478-743-5359
577 Mulberry Street, Suite 830 Macon GA 31201
klambert@pafdn.org

Form 990-PF, Part XIV, Line 2b - Application Format and Required Contents

Description

See PAF grant application attached.

Form 990-PF, Part XIV, Line 2c - Submission Deadlines

Description

April 1st and August 1st

Form 990-PF, Part XIV, Line 2d - Award Restrictions or Limitations

Description

See PAF grant application attached.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

⓪ Attach to your tax return.

⓪ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2021

Attachment Sequence No. **179**

Name(s) shown on return

The Peyton Anderson Foundation

Identifying number
58-1803562

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

| | | | |
|----|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------|
| 1 | Maximum amount (see instructions) | 1 | 1,050,000 |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | 2,620,000 |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | |
| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 7 | Listed property. Enter the amount from line 29 | 7 | |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2020 Form 4562 | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions | 11 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12 | 13 | |

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

| | | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------------|----|---------------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions | 14 | |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | 13,181 |

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

| | | | |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2021 | 17 | 0 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/> | | |

Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|----------------------------------------------------------------------------|---------------------|----------------|------------|----------------------------|
| 19a 3-year property | | | | | | |
| b 5-year property | | | | | | |
| c 7-year property | | | | | | |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs. | | S/L | |
| h Residential rental property | | | 27.5 yrs. | MM | S/L | |
| | | | 27.5 yrs. | MM | S/L | |
| i Nonresidential real property | | | 39 yrs. | MM | S/L | |
| | | | | MM | S/L | |

Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|----------------|--|--|---------|----|-----|--|
| 20a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs. | | S/L | |
| c 30-year | | | 30 yrs. | MM | S/L | |
| d 40-year | | | 40 yrs. | MM | S/L | |

Part IV Summary (See instructions.)

| | | | |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------------|
| 21 | Listed property. Enter amount from line 28 | 21 | |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions | 22 | 13,181 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2021)

DAA

Form **990PF**

Two Year Comparison Report

2020 & 2021

For calendar year 2021, or tax year beginning _____, ending _____

Name

The Peyton Anderson Foundation

Taxpayer Identification Number

58-1803562

| | | 2020 | | 2021 | | Differences | | |
|--------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------|-----------------------|--------------------------------|-----------------------|--------------------------------|-----------------------|-----------|
| | | Revenue and expenses per books | Net investment income | Revenue and expenses per books | Net investment income | Revenue and expenses per books | Net investment income | |
| Revenue | 1. Contributions, gifts, grants, and similar amounts received | 1. | | 98,784 | | 98,784 | | |
| | 2. Interest on savings and temporary cash investments | 2. | 401,615 | 401,615 | 359,619 | 359,619 | -41,996 | |
| | 3. Dividends and interest from securities | 3. | 1,283,295 | 1,283,295 | 1,510,280 | 1,510,280 | 226,985 | |
| | 4. Gross rents | 4. | | | | | | |
| | 5. Net gain or (loss) from sale of assets | 5. | 5,861,390 | | 11,154,771 | | 5,293,381 | |
| | 6. Capital gain net income | 6. | | 5,861,899 | | 11,154,771 | | |
| | 7. Gross profit or (loss) | 7. | | | | | | |
| | 8. Other income | 8. | 70,017 | 70,017 | 509,900 | 509,900 | 439,883 | |
| | 9. Total. Add lines 1 through 8 | 9. | 7,616,317 | 7,616,826 | 13,633,354 | 13,534,570 | 6,017,037 | 5,917,744 |
| Expenses & Deductions | 10. Compensation of officers, directors, trustees, etc. | 10. | 283,670 | 49,072 | 282,310 | 50,036 | -1,360 | 964 |
| | 11. Other employee salaries and wages | 11. | 231,100 | 82,960 | 242,600 | 87,360 | 11,500 | 4,400 |
| | 12. Pension plans, employee benefits | 12. | 97,125 | 28,250 | 102,750 | 29,900 | 5,625 | 1,650 |
| | 13. Professional fees | 13. | 664,949 | 616,440 | 789,643 | 767,205 | 124,694 | 150,765 |
| | 14. Interest | 14. | | | | | | |
| | 15. Taxes | 15. | 240,683 | 16,181 | 136,366 | 3,328 | -104,317 | -12,853 |
| | 16. Depreciation and depletion | 16. | 14,265 | 1,427 | 13,181 | 1,318 | -1,084 | -109 |
| | 17. Occupancy | 17. | 52,839 | 5,284 | 52,702 | 5,270 | -137 | -14 |
| | 18. Other expenses | 18. | 154,941 | 18,593 | 137,693 | 12,676 | -17,248 | -5,917 |
| | 19. Contributions, gifts, grants paid | 19. | 4,590,250 | | 5,204,125 | | 613,875 | |
| | 20. Total expenses and disbursements. Add lines 10 through 19 | 20. | 6,329,822 | 818,207 | 6,961,370 | 957,093 | 631,548 | 138,886 |
| 21. Net income (if negative investment activity, enter -0-) | 21. | 1,286,495 | 6,798,619 | 6,671,984 | 12,577,477 | 5,385,489 | 5,778,858 | |
| Taxes | 22. Excise Tax | 22. | | 94,501 | | 174,827 | | 80,326 |
| | 23. Section 511 Tax | 23. | | | | | | |
| | 24. Subtitle A income tax | 24. | | | | | | |
| | 25. Total Taxes | 25. | | 94,501 | | 174,827 | | 80,326 |
| | 26. Estimates and overpayments credited | 26. | | 154,603 | | 171,652 | | 17,049 |
| Due / Refund | 27. Foreign tax withheld | 27. | | | | | | |
| | 28. Other Payments | 28. | | | | | | |
| | 29. Total payments and credits | 29. | | 154,603 | | 171,652 | | 17,049 |
| | 30. Balance due / (Overpayment) | 30. | | -60,102 | | 3,175 | | 63,277 |
| | 31. Overpayment credited to next year | 31. | | 60,102 | | | | -60,102 |
| | 32. Penalty | 32. | | | | | | |
| | 33. Net due / (Refund) | 33. | | 0 | | 3,175 | | 3,175 |
| Other | 34. Total assets | 34. | 78,798,683 | | 85,371,883 | | 6,573,200 | |
| | 35. Total liabilities | 35. | 98,784 | | 0 | | -98,784 | |
| | 36. Net assets | 36. | 78,699,899 | | 85,371,883 | | 6,671,984 | |