Return of	Organization	Exempt From	Income Tax
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Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)



The organization may have to use a copy of this return to satisfy state reporting requirement

Form **99**

Department of the Treasury

Intern	al Revenue	Service I he organization may have to	use a copy of this return to sa	atisty state r	eporting requirements	s. Inspection
AF	or the 2	011 calendar year, or tax year beginning	and	ending		
Вс	heck if	C Name of organization			D Employer identif	fication number
a	pplicable:	Lettie Pate Evans Foun	dation, Inc.			an a
X	Address	Restricted u/w of Lett				
	Name change	Doing Business As			23-5	7282939
-	Initial	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Telephone numb	
-	_return Termin-	191 Peachtree Street N		3540		-522-6755
-	_ated Amended			5540	G Gross receipts \$	68285767.
1	Applica-	Atlanta, GA 30303-179	9			
-	⊥tion pending	F Name and address of principal officer:P .	Puscell Hardin		H(a) Is this a group	Yes X No
		191 Peachtree St NE, #3	540 Atlanta C	x 3030	for affiliates?	
		pt status: X 501(c)(3) 501(c) ()	 (insert no.) 4947(a)(1) 	or 527		a list. (see instructions)
		▶ www.lpevans.org			H(c) Group exemption	
-	of the local division in which the local division in which the local division is not the local division of the	gamzadon. [az] eerperater [sociation Other ►	L Year	of formation: 1945	M State of legal domicile: GA
Pa	Int I S	Summary				1
e	1 Br	iefly describe the organization's mission or most	significant activities: To p	rovide	to certair	1 named
anc		eneficiaries annual mone				
ern	2 CI	neck this box 🕨 🛄 if the organization disco	ntinued its operations or dispo	sed of more	e than 25% of its net a	assets.
NO	3 N	umber of voting members of the governing body	(Part VI, line 1a)			
8	4 N	umber of independent voting members of the go	verning body (Part VI, line 1b)			1.0
es	5 To	tal number of individuals employed in calendar y	ear 2011 (Part V, line 2a)		5	
viti	6 To	tal number of volunteers (estimate if necessary)			6	
Activities & Governance	7 a To	tal unrelated business revenue from Part VIII, co	lumn (C), line 12			
4	b Ne	et unrelated business taxable income from Form	990-T, line 34			0.
					Prior Year	Current Year
Revenue	8 C	ontributions and grants (Part VIII, line 1h)			0.	
					0.	
	1000 C 1000 C	vestment income (Part VIII, column (A), lines 3, 4			60148170	. 62462004.
Ř	1 STA 1000	her revenue (Part VIII, column (A), lines 5, 6d, 8c		Store and Store States and	0.	. 0.
	1000 1000	tal revenue - add lines 8 through 11 (must equal		- 24 TO 26 STORE 1	60148170	. 62462004.
_		ants and similar amounts paid (Part IX, column (57569630	. 61055435.
		enefits paid to or for members (Part IX, column (A			0.	
s		alaries, other compensation, employee benefits (511534.	. 554769.
Expenses		ofessional fundraising fees (Part IX, column (A),			0.	. 0.
per		otal fundraising expenses (Part IX, column (D), lin				The state of the second
Ě		ther expenses (Part IX, column (A), lines 11a-11d			165774.	. 192641.
		otal expenses. Add lines 13-17 (must equal Part I			58246938	61802845.
		evenue less expenses. Subtract line 18 from line			1901232.	
s or		svende less expenses. Oubtract line to nonnino	1 he		ginning of Current Year	End of Year
ets (anc	20 T	otal assets (Part X, line 16)			2131611186.	
Fund Balance	20 To 21 To	otal assets (Part X, line 16) otal liabilities (Part X, line 26)			23104156	
Vet,	22 N	et assets or fund balances. Subtract line 21 from	line 20		2108507030.	
Pa	art II	Signature Block	1110 20			
Unde	er nenalti	es of perjury, I declare that I have examined this return,	including accompanying schedule	es and statem	ents, and to the best of r	ny knowledge and belief, it is
		and complete Delaration of preparer (other than office				1
uue,	, contect,	and complete popular anon or preparer (order than onlice		mon propuror	Klift	12
01		Signature of affect the			Date/1/	/
Sigr		P. Russell Hardin, Pre	sident		/	
Her	e	Type or print name and title	Bruene			
		rint/Type preparer's name	Preparer's signature		Date Check	PTIN
Dald		rinv Type preparer's name	Freparer S Signature		if	
Paid	in the second				Firm's EIN	ayea
		irm's name			FILITSEIN	
036	Only F	irm's address 🕨			Phone no.	
		all and the second s	aug (and instructions)		Ti none no.	Yes No
		discuss this return with the preparer shown abo				Form 990 (2011)
1320	01 01-23-	12 I HA For Paperwork Reduction Act Notic	ce, see the separate instruct	IONS.		Form 330 (2011)

See Schedule O for Organization Mission Statement Continuation

	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
-	To provide to certain named beneficiaries annual monetary support
	designated by amount or percentage in the will of Lettie Pate Evans,
	deceased.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
2	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to
	others, the total expenses, and revenue, if any, for each program service reported.
42	(Code:) (Expenses \$ 52241605 · including grants of \$ 51889214 ·) (Revenue \$
та	Grants for Education. Grants were awarded to eight schools in Georgia
	and Virginia according to the terms of the will that created the
	Restricted Fund, including Berry College, Emory University, Episcopal
	High School in Virginia, Georgia Institute of Technology, Protestant
	Episcopal Theological Seminary, Tallulah Falls School, Washington and
	Lee University and The College of William and Mary. Funds received by
	Emory University are used to maintain a surgical pavilion at Emory
	Hospital. The governing boards of the other recipient schools have
	full discretion to allocate grant funds.
4b	(Code:) (Expenses \$ 6146072 • including grants of \$ 6104614 •) (Revenue \$
4b	Grants for Health. Grants were awarded to Children's Healthcare of
4b	Grants for Health. Grants were awarded to Children's Healthcare of Atlanta and Bath County Community Hospital in Hot Springs, Virginia
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	Grants for Health. Grants were awarded to Children's Healthcare of Atlanta and Bath County Community Hospital in Hot Springs, Virginia according to the terms of the will that created the Restricted Fund. The governing boards of those hospitals have full discretion to allocate grant funds.
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Form 990 (2011)

Part IV Checklist of Required Schedules

Lettie Pate Evans Foundation, Inc. Restricted u/w of Lettie Pate Evans

23-7282939 Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
-	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		- 11	
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			х
45	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		<u> </u>
15	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990 (2	2011)

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Form 990 (2011) Restricted u/w of Part IV Checklist of Required Schedules (continued)

Lettie Pate Evans Foundation, Inc. Restricted u/w of Lettie Pate Evans

23-7282939 Page 4

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		v	
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	<u> </u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		x
h	Schedule K. If "No", go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2-10		<u> </u>
Ŭ	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			<u></u>
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			v
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
2	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		<u> </u>
Ū	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
-	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
07	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		x
38	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		- 23
30	Note. All Form 990 filers are required to complete Schedule O	38	x	
				2011)
			(

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Form 990 (2011)

Lettie Pate Evans Foundation, Inc. Form 990 (2011)Restricted u/w of Lettie Pate EvansPart VStatements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V							
					Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	5					
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0					
с	Did the organization comply with backup withholding rules for reportable payments to vendors and r		able gaming					
	(gambling) winnings to prize winners?			1c				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	2a	13					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	Х			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	·		3a		Х		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		Х		
b	If "Yes," enter the name of the foreign country:							
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Αссоι	ints.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action	?	5b		Х		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t							
	any contributions that were not tax deductible?			6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contribu							
	were not tax deductible?			6b				
7	Organizations that may receive deductible contributions under section 170(c).					37		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a		X		
				7b				
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7d		7c		X		
	If "Yes," indicate the number of Forms 8282 filed during the year			70		х		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e 7f		X		
f g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont If the organization received a contribution of qualified intellectual property, did the organization file F			7g				
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			79 7h				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D			7.11				
-	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			8		х		
9	Sponsoring organizations maintaining donor advised funds.	5	0 ,	-				
а	Did the organization make any taxable distributions under section 4966?			9a				
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b				
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders	11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	11b						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?			13a				
	Note. See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1					
	organization is licensed to issue qualified health plans	13b						
	Enter the amount of reserves on hand	13c	l	14-		X		
				14a 14b				
Q	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	ωU		14D		<u> </u>		

Form **990** (2011)

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Lettie Pate Evans Foundation, Inc. Restricted u/w of Lettie Pate Evans

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Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

stion /	A Governing Redy and Menagement	
	Check if Schedule O contains a response to any question in this Part VI	

X

Sec	tion A. Governing Body and Management				1.	
4	Enter the number of voting members of the governing body at the and of the tax voting	10	1	5	Yes	No
ia	Enter the number of voting members of the governing body at the end of the tax year	1 a		Ĭ		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b		5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh		anv other	-		
_	officer, director, trustee, or key employee?			2	X	
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, or trustees, or key employees to a management company or other person?			3		x
4	Did the organization make any significant changes to its governing documents since the prior Form					X
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by th	ne following:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached	at the			
				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such of					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	x	<u> </u>
	Has the organization provided a complete copy of this Form 990 to all members of its governing both	ay ber	bre ming the form?	11a		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>			12a	x	
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		nflicts?	12a	X	<u> </u>
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "			120		<u> </u>
Ū	in Schedule O how this was done			12c	x	
13	Did the organization have a written whistleblower policy?				X	
14	Did the organization have a written document retention and destruction policy?				X	
15	Did the process for determining compensation of the following persons include a review and approv					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision'					
а	The organization's CEO, Executive Director, or top management official			15a		
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anizatio	on's			
	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed GA	 				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	I (Sec	tion 501(c)(3)s only	availa	ole	
	for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request					
10		onflict	of intoract pallor -	nd fine	ncial	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c statements available to the public during the tax year.	Unit	or interest policy, a	nu iina	nudi	
20	State the name, physical address, and telephone number of the person who possesses the books a	and rec	ords of the organiz	ation		
20	Erik S. Johnson, Secretary - 404-522-6755		or as or the organiz	ation.		
	191 Peachtree Street NE, Suite 3540, Atlanta, GA	303	03			
13200 01-23-		-		Form	990	(2011)
	6				_	. ,

2011.03010 Lettie Pate Evans Foundatio 0050___2

compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per	Average (do not			rson i	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JAMES B. WILLIAMS TRUSTEE CHAIRMAN	4.00	x						18750.	76250.	0.
(2) JAMES M. SIBLEY TRUSTEE VICE CHAIRMAN	1.00	x						18750.	76250.	0.
(3) WILTON LOONEY TRUSTEE	2.50	x						26250.	36250.	0.
(4) HERBERT CLAIBORNE, JR. TRUSTEE	1.00	x						18750.	35000.	0.
(5) CHARLES H. MCTIER TRUSTEE	1.00	x						18750.	58750.	0.
(6) P. RUSSELL HARDIN PRESIDENT	10.00			x				116688.	394431.	78060.
(7) J. LEE TRIBBLE TREASURER	10.00			x				64140.	216810.	51927.
(8) ERIK S. JOHNSON SECRETARY	10.00			x				37324.	126162.	17967.
(9) ELIZABETH A. SMITH GRANTS PROGRAM DIRECTOR	10.00					x		28422.	96071.	18687.
(10) MARTHA W. MORTON CONTROLLER	10.00					x		24039.	81258.	42942.
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Lettie Pate Evans Foundation, Inc. Restricted u/w of Lettie Pate Evan

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	990 (2011) Restrict	ed u/w o	эİ	Lе	ett	tle	e I	2a	te Evans	23-72	829	39	Pa	age 8
Par	t VII Section A. Officers, Directors, Tru		mple	oyee			High	est	Compensated Employ	ees (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	(do	not c	Pos heck	more	ו than	one	Reportable	Reportable		Est	imate	ed
		hours per	box	, unle	ss pe	erson	is bot or/trus	h an	compensation	compensation	n		ount	of
		week					Jiruus		from	from related			other	
		(describe hours for	irecto						the	organizations		comp		
		related	ord	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	J)		m the nizat	
		organizations	rustee	In stitutional trustee		ee	npen		(00-2/1099-00130)			•	relat	
		in Schedule	dual t	tiona		nploy	st co I	5				orga		
		O)	Individual trustee or director	Institu	Officer	Key employee	Highest compensated employee	Former				0		
					_	-								
			-											
			<u> </u>	-		\vdash	<u> </u>				-+			
									371863.	119723	2	20	95	83.
	Sub-total Total from continuation sheets to Part V								0.	119723	0.	20		0.0.
	Total (add lines 1b and 1c)								371863.	119723		20	95	83.
2	Total number of individuals (including but r							no re				-		
	compensation from the organization						-,			,				1
											_		Yes	No
3	Did the organization list any former officer,			e, ke	ey er	mplo	byee	, or l	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for s	such individual									🗋	3		X
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$15											4	Х	
5	Did any person listed on line 1a receive or	-				-			-					37
See	rendered to the organization? If "Yes," con	nplete Schedul	e J f	for si	uch	pers	son .					5		Х
	tion B. Independent Contractors		-1							¢100.000 sf s s				
1	Complete this table for your five highest co the organization. Report compensation for	-	-								bensa	tion tr	om	
		the calendar y	ear	enai	ng v	VILLI	Or w			year.		(C)		
	(A) Name and business	address	N	ONE	2				(B) Description of s	ervices	Co	mpen	satio	n
												-		
2	Total number of independent contractors (not li	mite	d to		se li: 0	sted	above) who received n	nore than				
	\$100,000 of compensation from the organi						<u> </u>				F	orm C	90 /	2011)
13200	8 01-23-12										1	5111 U		2011)

Form	990	(20)	11)
		<u> </u>	

Lettie Pate Evans Foundation, Inc. Restricted u/w of Lettie Pate Evans

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Ра	πνιι	Statement of Revel	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts Its	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
ΩĔ		Fundraising events						
r A								
ij gi		Related organizations						
Sins		Government grants (contribut						
erio	f	All other contributions, gifts, gran						
ēŧ		similar amounts not included abo	ve 1f					
t p	g	Noncash contributions included in lines	s 1a-1f: \$					
an Co	h	Total. Add lines 1a-1f		►				
				Business Code				
e	2 a							
ž	b							
Sei	c							
Ē								
Be	d							
Program Service Revenue	e							
-		All other program service reve						
_		Total. Add lines 2a-2f						
	3	Investment income (including			61 0 0 0 0 4 5			61000045
		other similar amounts)		🕨	61802845.			61802845.
	4	Income from investment of ta	x-exempt bond p	proceeds				
	5	Royalties	. <u></u>	►				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)						
			L	<u> </u>				
		Gross amount from sales of	(i) Securities	(ii) Other				
	<i>i</i> a		6482922.					
		assets other than inventory	0402722.					
	a	Less: cost or other basis	5823763.					
		and sales expenses	5023703					
	С	Gain or (loss)	029129.					650150
	d	Net gain or (loss)		🕨	659159.			659159.
e	8 a	Gross income from fundraisin	g events (not					
ent		including \$	of					
ě		contributions reported on line	1c). See					
۲. ۲.		Part IV, line 18	а а					
Other Revenue	b	Less: direct expenses						
0		Net income or (loss) from fund						
		Gross income from gaming ad						
		Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gar						
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
ł	С	Net income or (loss) from sale						
ļ		Miscellaneous Revenu	ie	Business Code				
	11 a							
	b							
	с							
	d	All other revenue	-					
	е	Total. Add lines 11a-11d		►				
	12	Total revenue. See instructions.		►	62462004.	0.	0	.62462004.
13200 01-23	9 -12							Form 990 (2011)

01-23-12

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Diete columns (B), (C), and (D).		5		
	Check if Schedule O contains a respons	se to any question in thi (A)	s Part IX (B)		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	61055435.	61055435.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	347205.	219079.	128126.	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	133944.	81161.	52783.	
7 8	Pension plan accruals and contributions (include	1007110	• + • + •	52705•	
5	section 401(k) and section 403(b) employer contributions)	17818.	11582.	6236.	
9	Other employee benefits	38150.	24798.	13352.	
10	Payroll taxes	17652.	11474.	6178.	
11	Fees for services (non-employees):				
	Management	362.	235.	127.	
	Legal	3524.		3524.	
	Accounting	20816.		20816.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	70041.		70041.	
g	Other				
12	Advertising and promotion				
13	Office expenses	18101.	11765.	6336.	
14	Information technology	16564.	10767.	5797.	
15	Royalties	26202	0.2.61.0	10510	
16	Occupancy	36323.	23610.	12713.	
17	Travel	3169.	2132.	1037.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	4782.	3557.	1225.	
19 00	Conferences, conventions, and meetings	4/02.	. / 0007 -	144J•	
20	Interest				
21 22	Payments to affiliates Depreciation, depletion, and amortization	5758.	3743.	2015.	
22 23	Insurance	5526.	3592.	1934.	
23 24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Organization dues	7140.	6798.	342.	
b					
c					
d					
	All other expenses	535.	348.	187.	
25	Total functional expenses. Add lines 1 through 24e	61802845.	61470076.	332769.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
12201	0 01-23-12				Form 990 (2011)

132010 01-23-12

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10 2011.03010 Lettie Pate Evans Foundatio 0050___2

Form 990 (2011)

132011 01-23-12

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Form 990 (2011)

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Lettie Pate Evans Foundation, Inc.

Restricted u/w of Lettie Pate Evans

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2 Savings and tomporary cash investments 10534618. 2 9893961. 3 Pledges and grants receivable, net 4 4 Accounts receivable, net 4 5 Receivables from other discualified persons (as defined under section desel()(1)), expense data particular desel()(1), persons described in section 4986()(3), and contributing employees: baneficiary organizations (see instructions) 5 6 Receivables from other discualified persons (as defined under section 4986()(3), and contributing employees: baneficiary organizations (see instructions) 6 7 Notes and loans receivable, net 7 9 Prepaid expenses and defered ordrages 9 9 Prepaid expenses and defered ordrages 9 9 Prepaid expenses and offered ordrages 9 10 100574. 2018042483. 12 2146512460. 11 Investments - publicly traded securities. See Part IV, line 11 103 102369289. 11 105839786. 11 Investments - policy mediated. See Part IV, line 11 13 13 1216111866. 16 2263411368. 16 Total assets. Add lines 11 mough 15 (must equal line 24) 211611186. 16 2263411368. 17 Accountis payable and accrued expenses <	Pa	rt X	Balance Sheet					
2 Savings and tomporary cash investments 10534618. 2 9893961. 3 Pledges and grants receivable, net 4 4 Accounts receivable, net 4 5 Receivables from other discualified persons (as defined under section desel()(1)), expense data particular desel()(1), persons described in section 4986()(3), and contributing employees: baneficiary organizations (see instructions) 5 6 Receivables from other discualified persons (as defined under section 4986()(3), and contributing employees: baneficiary organizations (see instructions) 6 7 Notes and loans receivable, net 7 9 Prepaid expenses and defered ordrages 9 9 Prepaid expenses and defered ordrages 9 9 Prepaid expenses and offered ordrages 9 10 100574. 2018042483. 12 2146512460. 11 Investments - publicly traded securities. See Part IV, line 11 103 102369289. 11 105839786. 11 Investments - policy mediated. See Part IV, line 11 13 13 1216111866. 16 2263411368. 16 Total assets. Add lines 11 mough 15 (must equal line 24) 211611186. 16 2263411368. 17 Accountis payable and accrued expenses <								
2 Savings and temporary cash investments 10534618. 2 9893961. 3 Piedges and grants receivable, net 3 4 4 Accounts receivable, net 3 4 5 Receivables from current and former officers, directors, trustees, key employees and sponsoring organizations of section 501(6)(9) woltrary employees and sponsoring organizations of section 501(6)(9) woltrary employees and sponsoring organizations of section 501(6)(9) woltrary employees thereficiary organizations (see instructions) 6 9 Prepaid expenses and differed charges 9 9 Prepaid expenses and differed charges 100 10 100574 102369289.1 102369289.1 11 Investmentsprogram-rolated. See Part IV, line 11 103 102369289.1 1025839786. 11 Investmentsprogram-rolated. See Part IV, line 11 103 103 104 104 14		1	Cash - non-interest-bearing			4442.	1	38351.
3 Piedges and grants receivable, net 3 4 Accounts receivable, net 4 5 Rescivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 6 Rescivables from other disqualified persons (as defined under section 4356(c)(8), and contributing employees baneficiary organizations of section 501(c)(8) voluntary employees' baneficiary organizations of section 501(c)(8) voluntary employees' baneficiary organizations of section 501(c)(8) voluntary employees' baneficiary organizations fose instructions) 6 9 Propad expenses and defined charges 9 9 10a 1005754. 0. 94816. 11 Investments - publicly traded securities 102365289. 10 94816. 11 Investments - publicly traded securities 102365289. 10 94816. 11 Investments - publicly traded securities 102365289. 10 105835786. 12 Investments - publicly traded securities 10231611186. 10253578. 1022365289. 11 105835786. 13 Investments - publicly traded securities 10231611186. 12263411368. 124466135. 14 Itages securities. See Part IV, line 11 11 166		2				10534618.	2	9893961.
4 Accounts receivable, net 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 6 Receivables from current and former officers, directors, trustees, key employees: and sponsoring organizations of section 501(69) voluntary employees: and sponsoring organizations of section 501(69) voluntary employees: beneficiary organizations (see instructions) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Propald expenses and deferred charges 9 10a 100574. 9 11 Investments - publicly traded securities 102369289.11 105839786. 11 Investments - publicly traded securities 102 0.10c 94816. 15 Other assets. See Part IV, line 11 2018042483.12 2146912460. 16 Total assets. Add lines 1 through 15 (must equal line 34) 2131611186.16 2263411368. 16 Total assets. Add lines 1 through 15 (must equal line 34) 2131611186.16 2263411368. 17 Accounts payabile and accrued expenses 17 12 22 18 Grants payabile and accrued expenses 17		3					3	
S Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 6 Receivables from other disqualified persons (as defined under section 4386(d)(1), person described in section 4086(d)(1), person described in section 501(c)(0) volurary employees' beneficiary organizations described in section 501(c)(0) volurary employees' beneficiary organizations described in section 501(c)(0) volurary employees' beneficiary organizations described in the 500 section 100 sectio		4					4	
employees, and highest compensated employees. Complete Part II of Schedule L of Schedule Schrift, check here L of S		5						
of Schedule L 5 6 Receivables from other disqualified persons (as defined under section 4396)(3(9), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employers banefician 4396)(3(9), and contributing employers banefician organizations (ase instructions) 6 7 Notes and loans receivable, net 7 9 Preparad expenses and defered harges 9 10a Land, buildings, and squipment: cost or other 10a 100574. b Less: accumulated depreciation 10a 102369289.11 105839786. 11 Investments - othe societies. See Part IV, line 11 2018042483.12 2146912460. 13 Investments - othe societies. See Part IV, line 11 103 6603554.15 631994. 15 Other assets. See Part IV, line 11 2131611186.16 12263411368. 16 Total assets. Add lines 1 through 15 (must equal line 34) 23060330.18 224446135. 19 Defered revinue 20 21 22 20 Tax-exempt bond liabilities 20 21 22 21 Escrue or custolad accound texp payable to urrelated third parties 24 24 20 Tax-exempt bond liabilitite (contex), pav					· · ·			
98 							5	
agest(i)(1), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employers beneficiary of schedule 0 6 10a 100574. 7 2011 Complete Part VI of Schedule 0 100 5758. 0 00 11 Investments - policity traded securities 102369289. 11 105839786. 12 Investments - programetated. See Part IV, line 11 2018042483. 12 2146912460. 13 Investments - programetated. See Part IV, line 11 10 10 531994. 14 Itangle assets 100 2131611186. 12 2263411368. 17 Accounts payable and accrued expenses 17 24446135. 20 21 21 Exerce or custodial account liability. Complete Part IV of Schedule D 21 22 24 24		6						
gen employers beneficiary organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 7 Notes and loans receivable, net 7 8 inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 100 57758. 0. 10c 94816. 11 Investments - publicly traded securities 102369289. 11 105839786. 12 Investments - publicly traded securities 102369289. 11 105839786. 13 Investments - publicly traded securities 102369289. 11 105839786. 14 Intragible assets 660354. 15 631994. 16 Chen assets. See Part IV, line 11 13 14 17 Accounts payable and accrued expenses 17 660334. 15 631994. 18 Grants payable 23060330. 18 24446135. 20 21 27 Payables to current and former officers, directors, trustees, key employees, hipknet compensate employees, and disqualified persons. Complete Part N of Schedule D 23			4958(f)(1)), persons described in section 4958(c)(3)(B), ;	and contributing			
989 7 Notes and loars receivable, net 7 9 Prepaid expenses and deferred charges 9 10a 1005774. 9 11 Investments correction of the securities (accord the securities) 10023578. 0. 12 Investments correction of the securities (accord the securities) 10023578. 0. 102369289. 11 Investments correction of the securities (accord the securities) 102369289. 11 105839786. 12 Investments correction of the securities (accord the securities) 102369289. 11 105839786. 13 Investments correction of the securities (accord the securities) 102369289. 11 105839786. 14 Intragible assets 102369289. 11 105839786. 14 Intragible assets 660354. 16 2146912400. 15 Other assets. See Part IV, line 11 660354. 16 220361330. 18 24446135. 19 Earst payable 10 23060330. 18 24446135. 19 Earst payable 20 21 22 21 Earst payable 23060330.			employers and sponsoring organizations of sect	(c)(9) voluntary				
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Lettie Pate Evans Foundation, Inc.

Restricted u/w of Lettie Pate Evans 23-7282939 Page 12

Pa	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI				X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		620			
2							
3	Revenue less expenses. Subtract line 2 from line 1	3	6	591	59.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	21085	6070	30.		
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1297	445	37.		
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	22389	107	26.		
Pa	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a					
	separate basis, consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit					
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b				

Form 990 (2011)

132012 01-23-12

(Form 99	DULE A 00 or 990-EZ) of the Treasury nue Service	Complet	lic Charity St te if the organization is 4947(a)(1) no tach to Form 990 or Fo	OMB No. 1545-0047 2011 Open to Public Inspection						
							Instructio			-
Name of 1	the organizati		Pate Evans F		-					identification number
			ted u/w of L						<u> </u>	3-7282939
Part I	Reason	for Public Charl	i ty Status (All organiz	ations mu	st complet	te this par	t.) See inst	ructions.		
The organ	ization is not a	a private foundation I	pecause it is: (For lines 1	I through	11, check	only one b	ox.)			
1 🛄	A church, co	nvention of churches	s, or association of churc	ches desc	ribed in se	ction 170	(b)(1)(A)(i)			
2	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)						
3	A hospital or	a cooperative hospit	al service organization of	described	in section	170(b)(1)	A)(iii).			
4	A medical res	search organization of	operated in conjunction	with a hos	pital desci	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter t	he hospital's name,
	city, and stat	e:								
5	An organizati	on operated for the l	penefit of a college or ur	niversity o	wned or op	perated by	a governr	nental uni	t describ	ed in
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)							
6	A federal, sta	te, or local governme	ent or governmental unit	t describe	d in sectio	n 170(b)(1	I)(A)(v).			
7			eives a substantial part o					r from the	general	oublic described in
		b)(1)(A)(vi). (Complet				5			3	
8	-		ection 170(b)(1)(A)(vi). (Complete	Part II)					
9	-		eives: (1) more than 33 1		-	rom contri	hutions m	embershi	n fees a	nd aross receipts from
•			ictions - subject to certa							
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		509(a)(2). (Complete				51103000 8		y the orga	Inzation	
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11 X	-	-	erated exclusively to te		-			-	v out tho	purpass of and ar
			tions described in section				.). See Sec		a)(3). One	eck the box that
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еX	a I Type I		J Type II c	• •	e III - Func	•	-	mara dia		
e 🕰			t the organization is not							
			nan one or more publicly						9(a)(1) or	section 509(a)(2).
f	•		ten determination from t					9 111		
	11 0	rganization, check th								······ L
g	•		rganization accepted ar					• •		
			rectly controls, either al							
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	., ,	•	described in (i) above?							
			person described in (i) o							11g(iii) X
h	Provide the f	ollowing information	about the supported or	ganization	(s).					
			(!!!) Turne of							
	of supported	(ii) EIN	(iii) Type of organization		organization			(vi) Is organizațio	on in col.	(vii) Amount of
orga	anization		(departing on lines 1 0		sted in your document?			(i) organiz U.S	ed in the	support
			above or IRC section	-						
			(see instructions))	Yes	No	Yes	No	Yes	No	
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LHA For Paperwork Reduction Act Notice, see the Instructions for

High School

Protestant

Institute of 58-6002023

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Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011

Part II	Supp

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ions)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	tax year as a sectio	on 501(c)(3)	
_	organization, check this box and stop	here					
Se	ction C. Computation of Publi	c Support Pe	ercentage			- i - i	
	Public support percentage for 2011 (li		•			14	%
	Public support percentage from 2010					15	%
16 a	33 1/3% support test - 2011. If the o	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2010. If the o						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstan	nces" test, check	this box and stop	here. Explain in Pa	art IV how the or	ganization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	ı publicly supporte	ed organization		▶∟
k	10% -facts-and-circumstances test	-	-				
	more, and if the organization meets th						the
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17			ions

Schedule A (Form 990 or 990-EZ) 2011

132022 01-24-12

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

tion A. Public Support						
ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
are not an unrelated trade or bus-						
Tax revenues levied for the organ- ization's benefit and either paid to						
furnished by a governmental unit to						
Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
tion B. Total Support		-	-		_	
,	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
(less section 511 taxes) from businesses acquired after June 30, 1975						
Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital						
First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) or	rganization,
check this box and stop here						<u></u>
Public support percentage for 2011 (I	ine 8, column (f) d	livided by line 13,	column (f))		15	%
Public support percentage from 2010	Schedule A, Part	: III, line 15			16	%
tion D. Computation of Investion	stment Incom	e Percentage				
Investment income percentage for 20	11 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
					18	%
33 1/3% support tests - 2011. If the	organization did r	not check the box	on line 14, and lir	ne 15 is more than	33 1/3% , and	line 17 is not
						▶∟
	in all field block a	207 01 110 14, 16	a, or 100, 01100K			m 990 or 990-EZ) 201
			15	30		
510 352174 0050	20	11.03010		te Evans	Foundat	io 00502
	include any "unusual grants.") Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or bus- iness under section 513 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 r1% of the amount on line 13 for the year Add lines 7a and 7b Public support (<u>Subtract line 7c from line 6</u>) Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Publi Public support percentage for 2010 therestment income percentage for 2010 therestment income percentage for 2010 therestment income percentage for 2010 therestment income percentage for 2010 investment income than 33 1/3%, check Pivate foundation. If the organizatio 3 01	dar year (or fiscal year beginning in) ► (a) 2007 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandies sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons hat execent the grater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b Public support (Subtractine 7c from line 6) Gross income from interest, dividends, payments received on securities loans, rents, royatties and income from similar sources. Inrelated business activities not included in line 10b, whether or not the business is regularly carried on or 10b line 10a. Net income from unrelated businesses activities not included in line 10b. Interset of 2010 (Subtractine 7 form 990 is for the organization' check this box and stop here. Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization' check this box and stop here. Total support percentage for 2011 (line 8, column (f) colume stop 11 (so 5, not the organization did nor check a 3 1/3% support tests - 2010. If th	dar year (or fiscal year beginning in) (a) 2007 (b) 2008 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") (a) 2007 (b) 2008 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furtised in any activity that is related to the organization's tax-exempt purpose (b) 2008 Gross receipts from activities that are not an unrelated trade or bus- iness under section 513 (c) 2008 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf (c) 2008 The value of services or facilities furnished by a governmental unit to the organization without charge (c) 2008 Total. Add lines 1 through 5 (c) 2007 Amounts included on lines 1, 2, and 3 received from disqualified persons (c) 2007 And lines 1 for the year (a) 2007 (b) 2008 Amounts from line 6 (c) 2007 (b) 2008 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources (a) 2007 (b) 2008 Add lines 10 and 10b (a) 2007 (b) 2008 (b) 2008 More the balanses taxable income (less section 511 taxes) from businesses activities not include gain or loss from the sale of capital asset (Explain in Part IV) (a) 2007 (b) 2008 Hot in	drag varue (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 Gifts, grants, contributions, and membership des received. (bo not include any "unusual grants.") (c) 2009 (c) 2009 Gross receipts from adrivisions, merchandles est of or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose (c) 2009 Gross receipts from activities that are not an unrelated trade or business under section 513 (c) 2009 Tax revenues levied for the organization's tax-exempt purpose (c) 2009 Gross receipts from activities that are not an unrelated trade or business under section 513 (c) 2009 Tax revenues levied for the organization without charge (c) 2009 Total. Add lines 1 through 5 (c) 2009 Amounts included on lines 1, 2, and 3 (c) 2009 Aromuts included on lines 1, 2, and 3 (c) 2009 Aromuts include on lines 1, 2, and 3 (c) 2009 Anduines 7 and 7b (c) 2009 Public support (c) 2009 Add lines 7 and 7b (c) 2009 Amounts include on line 6 (c) 2009 Gross income from interest. (c) 2009 Add lines 7and 7b (c) 2009 Add lines 10a and 10b (c) 2007	diffs.grants, contributions, and membership less received. (Do not include any 'unusual grants.') (a) 2007 (b) 2008 (c) 2009 (d) 2010 Gifts.grants, contributions, and membership less received. (Do not include any 'unusual grants.') (c) 2008 (c) 2009 (d) 2010 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tarket and the paid to or expended on its behalf (c) 2009 (d) 2010 Tax revenues levied for the organ- tizator's benefits and either paid to or expended on its behalf (c) 2008 (c) 2009 (d) 2010 The value of services or facilities furnished by a governmental unit to the organization's strengther services and the service secret the grant of \$5,000 rr 16 of the mean and the its of services or facilities furnished by a governmental unit to the organization's strengther service secret the grant of \$5,000 rr 16 of the mean and the service of \$5,000 rr 16 of the mean and the service of \$5,000 rr 16 of the mean and the pair of \$5,000 rr 16 of the mean and the service of \$5,000 rr 16 of the mean and the service of \$5,000 rr 16 of the mean and the service of \$5,000 rr 16 of the mean and the service of the year and come from interset, dividends, gampent's received on securities lears, rents, royatiles and income from similar sources. (d) 2010 Add lines 10 and 10b (h) 2000 regination of the year and income from similar sources. (d) 2010 Add lines 10 and 10b (h) 2010 regination of first, second, third, fourth, or fifth tax year as a sect check the box and	Instructure (of fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusal grants.') (c) 2009 (d) 2010 (e) 2011 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusal grants.') (c) 2009 (d) 2010 (e) 2011 Gifts, grants, contributions, and membership fees functions (c) 2009 (d) 2010 (e) 2011 Gifts, grants, contributions, and membership fees functions (c) 2009 (d) 2010 (e) 2011 Gifts, grants, contributions, and membership fees functions (c) 2009 (d) 2010 (e) 2011 grants control statis functions (c) 2009 (c) 2001 (c) 2001 (c) 2001 Tax versures beyond on its behalf (c) 2007 (b) 2008 (c) 2009 (d) 2010 (c) 2011 Tax versures beyond on its behalf (c) 2007 (b) 2008 (c) 2009 (d) 2010 (c) 2011 Tax versures beyond on its behalf (c) 2007 (b) 2008 (c) 2009 (d) 2010 (c) 2011 Tax versures beyond inset and sixeable (c) 2007 (b) 2008 (c) 2009 (d) 2010 (c) 2011 Tax versures beyond inset and sixeable (c) 2007 (b) 2008 (c) 2009 (d) 2010 (c) 2011

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Lettie Pate Evans Foundation, Inc. <u>Schedule A (Form 990 or 990-EZ) 2011</u> Restricted u/w of Lettie Pate Evans 23-7282939 Page 4

Schedule A (Form 990 c Part IV Supplen	or 990-EZ) 2011 Re nental Informati	on (Schedule A, Part I,	OL L		n regardir		.S ted organi		7282939 Page 4
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the tion in co in vour a	organiza- I. (i) listed loverning	(v) Did you organizat	u notify the ion in col.		the on in col.	(vii) Amount of support
		above or IRC section (see instructions))	docui Yes	ment?	(i) of your	support?	ິ U.S Yes	.? No	
Tallulah			res		res	NO	res		
Falls School	58-0600867	2	x		x		x		5966034.
Trustees of Old Customs	54-6052460	7	x		x		x		300.
Virginia									
Museum of Fi Washington	54-6001804	7	X		X		X		2983016.
and Lee Univ The College	54-0505977	2	X		X		X		8949050.
of William a	54-0734117	5	x		x		x		2983016.
Bath County Community Ho	54-0505913	3	x		x		x		2983016.
Children's									
Healthcare c Bruton			X		X		X		2983016.
Parish Church Boys' Home,	54-6036077	1	X		X		X		6000.
Inc.	54-0505870	1	x		x		x		3000.
_									
									<u> </u>
									26956449
Continuation Total							<u> </u>		26856448.

Schedule A (Form 990 or 990-EZ) 2011

132401 05-01-11

form 990 PC-omplete if the organization answered "Yes," to Form 990, Part N, lies 6, X, 9, 10, 11, 11, 11, 11, 11, 11, 11, 11, 11	SC	HEDULE D	I	Supplement	al Financial S	Statement	S		OMB No. 1	545-0047
Determinant ▶ Attach to Form 900. ▶ See separate instructions. Impendion Name of the organization Left Left Pat E VARIS FOUNDALLON, I.D.C. Enviorer identification number 293-77829393 Part II Organization answered 'Yes' to Form 990, Part IV, line 6. (0) Donor advised funds (0) Funds and other accounts. 1 Total number at end of year (0) Donor advised funds (0) Funds and other accounts. 2 Aggregate parts from (during year) (0) Donor advised funds (0) Funds and other accounts. 3 Aggregate parts from (during year) (0) Donor advised funds (0) Funds and other accounts. 4 Aggregate parts from (during year) (0) Donor advised funds (0) Funds and other accounts. 4 Aggregate stant from (during year) (0) Part II (during year) (0) Part II (during year) (0) Part II (during year) 4 Aggregate stant form (during year) (0) Part II (during year) (0) Part II (during year) (0) Part II (during year) 6 Did to coganization inform all granised, notes, and doorn advisor, or fung year II (during year) (Part III (during year) (Part III (during year) 1 Purpose(iII (during year) (during year) (during year)									20	11
Name of the organization Lettie Pate EVans Forugation Encloyer deutification number Parti Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to form 980, Part IV, line 5. (a) Donor advised funds (b) Funds and other accounts 2 Aggregate contributions to (during year) (a) Donor advised funds (b) Funds and other accounts 3 Aggregate accounts (b) Funds and other accounts (c) Funds and other accounts 4 Aggregate contributions to (during year) (c) The during of the organization inform at donor advised funds are the organization inform at donor advised on ord avises or in writing that the assets held in donor advised funds are the organization inform at grantes, conore, and donor advises or in writing that grant funds can be used only for charalable provide benefit? Yes No Part IL Conservation Easements. Complete if the organization industor, or for any other purpose contenting important land area phyle. Preservation of a certified historic structure Yes No Part IL Conservation Easements. Complete if the organization industor, or for any other structure advised funds Preservation of an entry other grantes. Yes No Part IL Conservation easements (c) rementable advised funds (c) rementable advised funds Yes No <t< th=""><th>Depart</th><th>ment of the Treasury</th><th></th><th></th><th></th><th></th><th>l2b.</th><th></th><th></th><th></th></t<>	Depart	ment of the Treasury					l2b.			
Restricted u/w of Lettie Pate Evans 23-7.28.29.39 Parl Organizations Minishing Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Parl IV, line 8. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of yes (a) Donor advised funds (b) Funds and other accounts 2 Aggregate contributions to (during year) (a) Donor advised funds (b) Funds and other accounts 3 Aggregate agregates controls. (b) Funds and other accounts (c) Funds and other accounts 4 Aggregate value at end of year (c) Parl Mines (c) Parl Mines (c) Parl Mines 4 Aggregate parls tom (kinng year) (c) Parl Mines (c) Parl Mines (c) Parl Mines (c) Parl Mines 6 Dot the organization (rbm and garness, othors, and donor advisor, or for any other purpose conferring impermission private benefit (c) and parls and other accounts) (c) Parl Mines (c) Parl Mines </th <th>-</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>•</th> <th></th>	-								•	
Part II Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Compate if the organization answered 'Yes' to Form 990, Part IV, line 0. 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate contributions to (during year) (a) Conor advised funds (b) Funds and other accounts 3 Aggregate contributions to (during year) (c) Funds and other accounts (b) Funds and other accounts 4 Aggregate contributions to (during year) (c) Funds and other accounts (c) Funds and other accounts 4 Aggregate contributions to (during year) (c) Funds and other accounts (c) Funds and other accounts 5 Dot the organization inform all grantess, donors, and donor advisors in writing that grant funds can be used only for charatable private barefit? (c) Form 990, Part IV, line 7. 1 Protestration Classments. Complete if the organization inserved "Yes' to Form 990, Part IV, line 7. (c) Form 990, Part IV, line 7. 1 Protestration of a sements. Complete if the organization answered "Yes' to Form 990, Part IV, line 7. (c) Form 990, Part IV, line 7. 1 Protestration of a sements. (c) Form 990, Part IV, line 7. (c) Form 990, Part IV, line 7. 2 Complete lines 2 at through 2 d if the organization ineducation instructure ana poly. <t< th=""><th>Nam</th><th>e of the organizati</th><th></th><th></th><th>-</th><th></th><th></th><th></th><th></th><th></th></t<>	Nam	e of the organizati			-					
organization answerd "Yes" to Form 960, Part IV, line 6. Total number at end of year Aggregate contributions to (during year) Aggregate parts from (during year) Aggregate sparts from (Pa	rt I Organiza					ds or A			
1 Total number at end of year 2 Aggregate contributions to (during year) 4 Aggregate value at end of year 3 Aggregate value at end of year 4 Aggregate value at end of year 4 Aggregate value at end of year 5 Did the organization informal grantes, donors, and donor advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organization sexclusive legal control? Fart I Conservation esaments and to the banefit of the donor or donor advisor, or for any other purpose conferring importants biole physics benefit? For Charitable purposes and not for the banefit of the donor or donor advisor, or for any other purpose conferring importants biole physics benefit? For Charitable purposes and not for the banefit of the organization answered 'Yes' to Form 980, Part IV, line 7. 1 Purpose(g) of conservation esaments had by the organization (sheek all that apply). Protection of natural habitat Protection of natural habitat Protection of natural habitat Protection of conservation esaments. Complete If the organization in the form of a conservation assement on a certified historic structure tary of the tax year. a Total number of conservation esaments in a certified historic structure by the organization inform and the organization held a qualified conservation contribution in the form of a conservation assement in on the last day of the tax year. a Total number of conservation esaments in a certified historic structure by the organization during the tax year. a Total any of conservation esaments in a certified historic structure by the organization during the tax year. b Total acreage restructed by conservation esaments in contribution in the form of a conservation esaments in contribution in the organization during the tax by er b c Number of conservation esaments modified, transferred, released, estimguished, or terminated by the organization during the tax by er c c Complete All the consortation esamesents modified, transferred, released, estimguished, or termi				-						
2 Aggregate contributions to (during year) 4 Aggregate value at end of year 5 Dot the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of advisors in writing that grant funds can be used only for charitable purposes and not for the other of the donor of advisors in writing that grant funds can be used only for charitable purposes and not for the other of the donor of advisors in writing that grant funds can be used only for charitable purposes and not for the other of control assessered "Yes" to Form 980, Part IV, line 7. 1 Purposes(s) of conservation easements held by the organization answered "Yes" to Form 980, Part IV, line 7. 1 Purposes(s) of conservation easements held by the organization contribution in the form of a conservation assessment on the last day of the tax year. 2 Complete inse 2 attrough 2 of the organization held a qualified conservation contribution in the form of a conservation easement a 3 total number of conservation easements 4 the dat the End of the Tax Year 4 Total number of conservation easements 5 Total acrosservation easements included in (c) caquired after 6/17/06, and not on a historic structure 4 Number of conservation easements included after 6/17/06, and not on a historic structure 5 Total acrosservation easements included in (c) caquired after 6/17/06, in the organization have a writen poly regarding the paroid comportant in assements during the year \ 8 Staff and volutere hous dward to the organization reports conservation easements included by the organization have a writen poly regarding the paroid comporting inspecting, and enforcing conservation assements and balance sheet, and 1 include, if applicable, the test of the forms of XS1 116 (XS0 SS0), not organicat in dava and balance sheet works of art, 1 historical treasures, or other similar as					(a) Donor advi	ised funds	1)	b) Funds an	d other acco	unts
a Aggregate grants from (during year) Aggregate value at end of year Aggregate value at end of year Comparisation inform all donoes and dono advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donoes, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the banefit of the organization answered "Yes" to Form 990, Part IV. Ine 7. PartII Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV. Ine 7. Perservation of an historical typicol of conservation easements had by the organization (heck all that graph). Preservation of an historical typicol of a conservation easements had by the organization (heck all that graph). Preservation of an historical typicol of the organization held a qualified conservation contribution in the form of a centified historic structure Preservation of conservation easements. The during the organization held a qualified conservation contribution in the form of a conservation easement on a certified historic structure Number of conservation easements and exifted historic structure included in (a) Number of conservation easements on a certified historic structure Number of conservation easements modified, historic structure included in (a) Number of conservation easements modified, historic structure included in (b) Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of conservation easement is modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of conservation easement modified, transferred, released, extinguished, or terminated by the organization during the year No and econservation easement is modified, transferred, released, extinguished, or terminated by the organization durin	1	Total number at e	nd of year							
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 b Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's sproketskele legal control?	3									
are the organization's property, subject to the organization's exclusive legal control?										
 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring	5	-			-					
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Yes No Pert II Conservation Easements. Complete if the organization answered "Yes" to Form 980, Part IV, Ine 7. No Purpose(6) of conservation easements held by the organization answered "Yes" to Form 980, Part IV, Ine 7. Perservation of an torial public use (e.g., eccreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a conservation easements in the day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a 2a 2a b Total acreage restricted by conservation easements 2a 2a 2a c Number of conservation easements 2a 2a 2a 2a a Number of conservation easements 2a	6								. L Yes	L NO
Impermissible private benefit? Yes No Part II Conservation Easements. Complete if the organization answered "Yes' to Form 990, Part IV, line 7. Imperiation (Second Conservation easements held by the organization (check all that apply). Imperiation (Second Conservation easements held by the organization (check all that apply). Imperiation (Second Conservation easements) Imperiation (Second Conservation easement on the last day of the tax year. 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Impediation (Second Conservation easements) Impediation (Second Consecond Consecond Conservation easements) <t< td=""><td>0</td><td>-</td><td>-</td><td></td><td>-</td><td>-</td><td></td><td>-</td><td></td><td></td></t<>	0	-	-		-	-		-		
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Schedule Drom seq0 (2011 Restricted u/w of Lettie Pate Evans 23 - 278 29 39 Page 24 PartIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (confined) 3 Using the organizations for that apply: a Public orbiblion d Lan or exchange programs check at that apply: a Conter Other a Public orbiblion d Conter Conter b Scholany research d Conter No choose and schoor that argenerations Conter No No During the system characterization science receive domations of an exchange programs No No PartIVE Excover and Custofial Arrangements. Complete the organization's collection? No PartIVE Excover and Custofial Arrangements. Complete the organization's collection? No b If Yess, applicant the arrangement in Part XIV and complete the following table: Immediation angent, trues exclusion and explain how they further assets not included on Form 980, Part X, Ine 21? No b If Yes, applicant the arrangement in Part XIV and complete the following table: Immediation (Complete the following table: Immediation (Complete the following table: c Bedinin		Lettie	Pate Evans	Foun	datio	n, Inc	•			
3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check that apply):	Sche	dule D (Form 990) 2011 Restric	ted u/w of	Lett	ie Pa	te Eva	ns	23-7	282939	Page 2
cleack at that apply: clean or exchange programs a Pole exhibition clean or exchange programs b Scholarly research clean or exchange programs cleach the organization solution of the organization solution or the organization is exempt purpose in Part XIV. 5 Drovide a description of the organization solution of art, historical treasures, or other similar assets to be solution of the organization and cleach of a the organization and cleach on the organizatis cleach on the organization and cleach on t	Par	t III Organizations Maintaining C	Collections of A	rt, Histo	orical Tr	easures,	or Other	⁻ Similar Ass	sets (continu	ied)
a Public achibition during the search and the splain how they further the organization's exempt purpose in Part XIV. Part VI Exerce and the organization's collections and explain how they further the organization's exempt purpose in Part XIV. During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIV. During the year, did the organization solitor receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part XI, line 9. or reported an amount on Form 990, Part X, line 21. I is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part XU and complete the following table: C Beginning balance 1 the arrangement in Part XIV and complete the following table: C Beginning balance 1 the trustee, custodian or offer intermediary for contributions or other assets not included and another the part of the organization angent in Part XIV and complete the following table: C Beginning balance 1 the trustee, custodian on Form 990, Part X, line 21. Beginning of year balance 1 the arrangement in Part XIV and complete the organization answered "Yes" to Form 990, Part IV, line 10. Fart V Endowment Funds. Complete (the organization answered "Yes" to Form 990, Part IV, line 10. Beginning of year balance 1 the trust in Part XIV and complete fithe organization answered "Yes" to Form 990, Part IV, line 10. Beginning of year balance 1 the trust in Part XIV and complete the organization answered "Yes" to Form 990, Part IV, line 10. Beginning of year balance 1 the trust in Part XIV and complete fithe organization answered "Yes" to Form 990, Part IV, line 10. Beginning of year balance 1 the trust in Part XIV and to part the organization answered "Yes" to Form 990, Part IV, line 10. Beginning of year balance 1 the trust in the organization answered "Yes" to Form 990,	3	Using the organization's acquisition, access	ion, and other record	ds, check a	any of the	following th	at are a sig	nificant use of it	s collection i	tems
b Scholary research e Other		(check all that apply):								
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 1 be sold to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part X, line 91. 1 Is the organization and out of form 990, Part X, line 21. 1 Is the organization and out of form 990, Part X, line 21. 1 Is the organization and out, trustee, custocian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1 Is the organization and out, trustee, custocian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 2 Both or organization include an amount on Form 990, Part X, line 21? Immodel (Immodel Part X) 2 Do the organization include an amount on Form 990, Part X, line 21? Immodel Part X) 3 De the organization include an amount on Form 990, Part X, line 21? Immodel Part X) 4 Gentro stochaships Immodel Part X) 4 Gentro stochaships Immodel Part X) 4 Gentro stochaships Immodel Part X) 5 Co	а	Public exhibition	d	I 🗆 La	oan or excl	hange progr	ams			
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b Contributions Image: Second S			(a) Current year	(b) Prie	or year	(c) I wo yea	irs back (c) Three years bac	k (e) Four ye	ars back
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and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % c Temporarily restricted endowment ▶ % a Are there endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) (ii) urelated organizations (iii) related organizations 3a(iii)										
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Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	D 4								30	
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	Par									
basis (investment) basis (other) depreciation 1a Land						or other				
b Buildings 29732. 879. 28853. c Leasehold improvements 29732. 879. 28853. d Equipment 70842. 4879. 65963. e Other 94816.		Description of property			. ,					
c Leasehold improvements 29732. 879. 28853. d Equipment 70842. 4879. 65963. e Other 70tal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 94816.	1a	Land								
d Equipment 70842. 4879. 65963. e Other 70842. 94816.										
e Other	с	Leasehold improvements								
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)	d	Equipment				70842.		4879.	65	5963.
										1010
	Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, columr	n (B), line 1	0(c).)				

Schedule D (Form 990) 2011

132052 01-23-12

Let	ti	le	Pa	ate	Eva	ans
				-		-

Lettie Pate	e Evans	Foundation,	Inc.
Restricted	u/w of	Lettie Pate	e Evans

23-7282939 Page 3

Schedu	lle D (Form 990) 2011	Restricted				ns	23-	-7282939	Page 3
Part		Other Securities. Se	e Form 990, I	Part X, line 12	I				
	(a) Description of sect (including name)		(b) Boo	k value	c		ethod of valua d-of-year mark		
	sely-held equity interests								
(3) Oth	THE COCA-COL	A COMPANY							
(A) (P)	STOCK		21469	912460.	End-of-	Year	Market	Value	
(C)	510011			/121000		ICUI	marmee	Varae	
(D)									
(E)									
(F)									
(G)									
<u>(H)</u>									
(I) Total ((Col (b) must equal Form 990	Part X col (B) line 12)	21460	912460.					
		Program Related. Se			3				
	(a) Description of in		(b) Boo				thod of valua d-of-year mark		
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
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	Col (b) must equal Form 990								
Part	IX Other Assets.	See Form 990, Part X, line	15. Description				r	(b) Book va	
(1)		(d)	Description						
(1)									
(3)									
(4)									
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(6)									
(7)									
<u>(8)</u> (9)									
(10)									
	Column (b) must equal Fo	orm 990, Part X, col (B) line	15.)						
Part		PS. See Form 990, Part X,	line 25.						
1.	(a) D	escription of liability			(b) Book value	_			
(1)	Federal income taxes				E / 1 / 7	_			
(2)	457(b) Plan Benefit Plan	C			54147 360				
(3)	Demerric Fram	.s			500	<u>-</u>			
(5)						-			
(6)						-			
(7)									
(8)									
(9)									
(10)						_			
(11) Total (Column (b) must source F	orm 000 Port V col (D) !:	25)		54507	_			
EIN	10 (ACC 7/m Ecotooto In Dort VII	orm 990, Part X, col (B) line v, provide the text of the footnote to	the organization	s financial statem			ability for uncertain	n tax positions under	
132053 01-23-12	48 (ASC 740).						Sche	edule D (Form 9	90) 2011

	Lettie Pate Evans Foundation, In				
	dule D (Form 990) 2011 Restricted u/w of Lettie Pate Ev				7282939 Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited	Financial S	Statem	ent	
1	Total revenue (Form 990, Part VIII, column (A), line 12)				62462004.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2			61802845.
3	Excess or (deficit) for the year. Subtract line 2 from line 1				659159.
4	Net unrealized gains (losses) on investments				129744537.
5	Donated services and use of facilities				
6	Investment expenses				
7	Prior period adjustments				
8	Other (Describe in Part XIV.)				100844508
9	Total adjustments (net). Add lines 4 through 8				129744537.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9				130403696.
Par	t XII Reconciliation of Revenue per Audited Financial Statements With	Revenue p	1	-	
1	Total revenue, gains, and other support per audited financial statements		······	1	192206541.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1007445	24		
	Net unrealized gains on investments 2a	1297445	37.		
	Donated services and use of facilities 2b		_		
	Recoveries of prior year grants 2c				
	Other (Describe in Part XIV.)		_		100044500
е	Add lines 2a through 2d			2e	129744537.
3	Subtract line 2e from line 1			3	62462004.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b		_		
	Other (Describe in Part XIV.)		_		0
	Add lines 4a and 4b		······	ŀc	0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	62462004.
	t XIII Reconciliation of Expenses per Audited Financial Statements Wit			-	
1	Total expenses and losses per audited financial statements		······	1	61802845.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
	Donated services and use of facilities 2a		_		
	Prior year adjustments 2b		_		
	Other losses 2c		_		
	Other (Describe in Part XIV.)		_		0
е	Add lines 2a through 2d		······	?e	U.
3	Subtract line 2e from line 1			3	61802845.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		_		
b	Other (Describe in Part XIV.) 4b		_		•
с	Add lines 4a and 4b			ŀc	0.
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)			5	61802845.
Par	t XIV Supplemental Information				

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2011

132054 01-23-12

SCHEDULE I (Form 990)			Other Assistance	-			OMB No. 1545-0047
	0		s, and Individuals				
Department of the Treasury Internal Revenue Service	Comp	lete if the organizatio	Attach to For		rt IV, line 21 or 22.		Open to Public Inspection
Name of the organization Lettie Pa	te Evans	Foundation,					Employer identification number
	d u/w of	Lettie Pate	Evans				23-7282939
Part I General Information on Grants a	nd Assistance						-
1 Does the organization maintain records t	to substantiate th	e amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or as	sistance, and the seled	
criteria used to award the grants or assis	stance?						X Yes 🗌 No
2 Describe in Part IV the organization's pro	ocedures for mon	itoring the use of grant	funds in the Unite	d States.			
Part II Grants and Other Assistance to	Governments an	d Organizations in the	e United States. C	complete if the org	anization answered "	res" to Form 990, Par	t IV, line 21, for any
recipient that received more than s					can be duplicated if (f) Method of	1	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Denue (1)							
Berry College 39 Mount Berry Station							
Rome, GA 30149	58-0566133	501(c)(3)	12209227.	0.			General support
Rome, GA 30149	28-0200122	501(0)(3)	12209227.	0.			General support
Emory University							Toward the Whitehead
Emory University							Surgical Pavilion and
Atlanta, GA 30322	58-0566256	501(c)(3)	3052307.	0.			other general support
Episcopal High School in Virginia							
1200 North Quaker Lane							
Alexandria, VA 22302	54-0506326	501(c)(3)	3052307.	0.			General support
Georgia Institute of Technology							
Georgia Institute of Technology	58-6002023	501(c)(3)	9156920.	0.			General support
Atlanta, GA 30332 Protestant Episcopal Theological	58-0002025	501(0)(3)	9150920.	υ.			General support
Seminary - Protestant Episcopal							
Theological Seminary - Alexandria,							
VA 22304	54-0505937	501(c)(3)	6104613.	0.			General support
	51 0000007		0104013.				Constat Sabbort
Tallulah Falls School, Inc.							
PO Box 10							
Tallulah Falls, GA 30573	58-0600867	501(c)(3)	6104613.	0.			General support
2 Enter total number of section 501(c)(3) a			e line 1 table			1	▶ 12
3 Enter total number of other organization							······
LHA For Paperwork Reduction Act Notice							Schedule I (Form 990) (201

Schedule I (Form 990) (2011)

Lettie Pate Evans Foundation, Inc. Restricted u/w of Lettie Pate Evans

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
/irginia Museum of Fine Arts							
200 North Boulevard							
Richmond, VA 23220	54-6001804	501(c)(3)	3052307.	0.			General support
,							
Washington and Lee University							
Washington and Lee University							
Lexington, VA 24450	54-0505977	501(c)(3)	9156920.	٥.			General support
The College of William and Mary							
Foundation - Drawer 8795 -							
Williamsburg, VA 23187	54-0734117	501(c)(3)	3052307.	0.			General support
Bath County Community Hospital							
(Hot Springs Valley Nursing Assn.,							
Inc.) - PO Box 774 - Hot Springs,							
VA 24445	54-0505913	501(c)(3)	3052307.	0.			General support
Children's Healthcare of Atlanta							
1600 Tullie Cir.							
Atlanta, GA 30329	58-2367819	501(c)(3)	3052307.	0.			General support
Bruton Parish Church Endowment							
Fund, Inc 102 Willoughby Drive							
- Williamsburg, VA 23185	54-6036077	501(c)(3)	6000.	0.			General support

Schedule I (Form 990)

Lettie Pate Evans Foundation, Inc.

Restricted u/w of Lettie Pate Evans Schedule I (Form 990) (2011) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990. Part IV, line 22.

Part III can be duplicated if additional space is needed. (b) Number of (c) Amount of (d) Amount of non-(e) Method of valuation (a) Type of grant or assistance (f) Description of non-cash assistance (book, FMV, appraisal, other) recipients cash grant cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Part I, Line 2: Emory University submits detailed written reports

annually on its use of grant money for maintenance of a surgical

pavilion at Emory Hospital. According to the terms of the will that

created the Restricted Fund, the governing boards of other recipient

institutions maintain full discretion in allocating grant funds.

Recipient institutions report periodically on how grant funds are used

as part of the general operating budget. Restricted Fund staff visit

with recipient institutions periodically.

Part III

23-7282939

Page 2

sc	HEDULE J	Compensation Information	I	OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	11	
		Compensated Employees Complete if the organization answered "Yes" to Form 990,		ΖU		ł
Depa	rtment of the Treasury	Part IV, line 23.		Open to		
Interr	al Revenue Service	Attach to Form 990. See separate instructions.		Inspe		
Nan	ne of the organization	Lettie Pate Evans Foundation, Inc.	Employer ide			mber
		Restricted u/w of Lettie Pate Evans	23-72	8293	9	
Pa	rt I Questions	Regarding Compensation				
					Yes	No
1a		e box(es) if the organization provided any of the following to or for a person listed in Form	ı 990,			
		e 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or cha					
	Travel for compa					
		ion and gross-up payments Health or social club dues or initiation fee				
	Discretionary sp	ending account Personal services (e.g., maid, chauffeur,	chet)			
D		line 1a are checked, did the organization follow a written policy regarding payment or		41		x
0		vision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		equire substantiation prior to reimbursing or allowing expenses incurred by all officers, di			x	
	trustees, and the CEC	D/Executive Director, regarding the items checked in line 1a?		2	Λ	
2	Indianta which if any	of the following the filing experience used to establish the companyation of the experience	ration's			
3		of the following the filing organization used to establish the compensation of the organiz				
		or. Check all that apply. Do not check any boxes for methods used by a related organiza				
		on of the CEO/Executive Director. Explain in Part III.				
	Compensation c					
			oommittoo			
	Form 990 of othe	er organizations	committee			
4	During the year did a	ny norman listed in Form 990. Part VII. Section A line 1a, with respect to the filing				
4	organization or a relat	ny person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing				
	•			4a		x
a b		payment or change-of-control payment? ive payment from, a supplemental nonqualified retirement plan?			x	<u> </u>
		ive payment from, an equity-based compensation arrangement?				x
C		s 4a-c, list the persons and provide the applicable amounts for each item in Part III.		+0		
	In res to any or lines	4a°, list the persons and provide the applicable amounts for each term in that in.				
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.				
5		Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			
Ŭ	contingent on the rev		511			
а	•			5a		x
		ion?				X
		b, describe in Part III.				
6		Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			
Ŭ	contingent on the net		511			
а	-	······································		6a		X
		ion?				X
~		b, describe in Part III.				
7		Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payment	ts			
-		5 and 6? If "Yes," describe in Part III		7		x
8		ported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t				<u> </u>
-		ion described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		x
9		the organization also follow the rebuttable presumption procedure described in				<u> </u>
-		3.4958-6(c)?		9		
LHA		uction Act Notice, see the Instructions for Form 990.	Schedule		1 990)	2011

Lettie Pate Evans Foundation, Inc. Restricted u/w of Lettie Pate Evans

Schedule J (Form 990) 2011

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

23-7282939

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C)	(D)	(E) Total of columns	(F)
(A) Name	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	(B)(i)-(D)	Compensation reported as deferred in prior Form 990
(i)	112552.	0.	4136.	12259.	5561.	134508.	0.
1 P. RUSSELL HARDIN	380450.	0.	13981.	41441.	18799.	454671.	0.
(i)	58901.	0.	5239.	5068.	6786.	75994.	0.
2 J. LEE TRIBBLE (ii	199099.	0.	17711.	17133.	22940.	256883.	0.
(i)		0.	2394.	2910.	1192.	41426.	0.
3 ERIK S. JOHNSON (ii		0.	8092.	9835.	4030.	140027.	0.
()							
(ii							
<u>5</u> (ii							
(i)							
(ii							
_7(ii							
8 (ii							
(i)							
9 (ii							
(i)							
_10 (ii							
(i)							
<u>11</u> (ii)						
(i)							
<u>12 (ii</u>							
(i)							
<u>13</u> (ii							
(i)							
_14(ii							
()							
(ii							
(6)							
_16(ii)						

Page 2

Lettie Pate Evans Foundation, Inc.

Schedule J (Form 990) 2011 Restricted u/w of Lettie Pate Evans

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part I, Line 1a: The Foundation pays the employees' FICA tax on the

excess life benefit and it is reflected on the Form W-2 and is included in

other compensation on Schedule J, Part II.

Part I, Line 1b: The Foundation follows a procedure to calculate and

gross-up the excess life benefit and it is input into the payroll software.

Part I, Line 4b: The Foundation credited P. Russell Hardin with \$7,600

and J. Lee Tribble with \$409 to an unfunded, unvested 457(f) Plan. The

amounts are included in Part II, column C.

OMB No. 1545-0047 SCHEDULE O Supplemental Information to Form 990 or 990-EZ (Form 990 or 990-EZ) Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Open to Public Department of the Treasury Attach to Form 990 or 990-EZ. Inspection Internal Revenue Service Lettie Pate Evans Foundation, Inc. Name of the organization Employer identification number 23-7282939 Restricted u/w of Lettie Pate Evans Form 990, Part I, Line 1, Description of Organization Mission: percentage in the will of Lettie Pate Evans, deceased. To date, beneficiaries of the Lettie Pate Evans Restricted Fund have collectively received more than \$750 million in distributions since the Fund's inception. Form 990, Part III, Line 4d, Other Program Services: Grants for Religion. One grant was awarded to Bruton Parish Church Endowment Fund in Williamsburg, Virginia according to the terms of the will that created the Restricted Fund. The church's governing board has full discretion to allocate grant funds. Expenses \$ 6041. including grants of \$ 6000. Revenue \$ 0. Grants for Child Welfare. One grant was awarded to Boys' Home in Covington, Virginia according to the terms of the will that created the Restricted Fund. The Boys' Home governing board has full discretion to allocate grant funds. Expenses \$ 3020. including grants of \$ 3000. Revenue \$ 0. Form 990, Part VI, Section A, line 2: Two foundation trustees share a business relationship. James B. Williams and Wilton Looney are directors of Rollins, Inc.; RPC, Inc. and Marine Products Corporation. Form 990, Part VI, Section B, line 11: The Form 990 is prepared with audited financial data which has been reviewed by the governing board.

Internal accounting staff prepare the 990 with the aid of preparationLHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2011)132211
01-23-1227

 $14380510 \ 352174 \ 0050$

2011.03010 Lettie Pate Evans Foundatio 0050___2

Schedule O (Form 990 or 990-EZ) (2011) Page 2										
Name of the organization Lettie Pate Evans Foundation, Inc. Employer identification numb										
Restricted u/w of Lettie Pate Evans	23-7282939									
software. Accounting team members individually review	the 990 according to									
a checklist. Numbers are verified against audited financial statements.										
The 990 is then reviewed by the Controller, Treasurer,	Secretary and									
President. A draft of the 990 is provided to all gover	ning board members									
prior to filing.										

Form 990, Part VI, Section B, Line 12c: Officers and trustees disclose annually those affiliations which may give rise to a conflict of interest. The Secretary keeps conflict disclosures on file. Trustees consider conflicts or potential conflicts before committing fund assets. Disclosure is made on the record. Officers consult the list of conflicts or potential conflicts when making vendor decisions.

Form 990, Part VI, Section B, Line 15: The governing board determines compensation for all officers (including the President, Treasurer and Secretary) and all staff. In setting compensation, trustees consult three independent compensation studies showing compensation data at comparable organizations. Individual compensation amounts are evaluated and determined annually as part of the budgeting process conducted at the board's November meeting; 2011 compensation was determined during the November 2010 board meeting.

Form 990, Part VI, Section C, Line 19: The organization's governing documents, conflict of interest policy and audited financial statements are kept by the organization's Secretary and are made available upon request.

Form 990, Part XI, line	5, Changes in Net Assets:	
Net unrealized gains on	investments:	129744537.
132212 01-23-12		Schedule O (Form 990 or 990-EZ) (2011)
	28	
4380510 352174 0050	2011.03010 Lettie Pate	Evans Foundatio 00502

Schedule O (Form 990 or 9		Page 2
Name of the organization	Lettie Pate Evans Foundation, Inc.	Employer identification number
	Restricted u/w of Lettie Pate Evans	23-7282939

Form 990, Part VII, Section A, Column B:

The Lettie Pate Evans Foundation participates in a common

administrative arrangement with five other charitable organizations

that are governed by independent boards but that share a common staff.

Messrs. Hardin, Tribble and Johnson and Mmes. Smith and Morton work, in

total, about 49.5 hours per week for the participating organizations.

Mr. Williams devotes about 16 hours per week to related organizations,

Mr. Sibley about five hours per week, Mr. Looney about 2.5 hours per

week, Dr. Claiborne about six hours per week and Mr. McTier about three

hours per week.

132212 01-23-12

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Lothio Dobo Encome Dobo											
Name of the organizationLettie Pate Evans Foundation, Inc.EmployerRestricted u/w of Lettie Pate Evans23-1											
Part I Identification of Disregarded Entities	(Complete if the organization answered "Yes	s" to Form 990, Part IV, line 33	3.)								
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state o	(d) or Total inco	(e) me End-of-year	assets Dire	(f) ect controllin entity	g				
		foreign country)				entity					
Part II Identification of Related Tax-Exempt organizations during the tax year.)	Organizations (Complete if the organization	answered "Yes" to Form 990), Part IV, line 34 b	ecause it had one	or more related tax	exempt					
(a)	(b)	(c)	(d)	(e)	(f)	Section	g) 512(b)(13)				
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controllir entity	1g con en	trolled tity?				
Robert W. Woodruff Foundation, Inc						Yes	No				
58-1695425, 191 Peachtree St., NE, St.	e 3540,										
Atlanta, GA 30303	Grantmaking	Georgia	501(C)(3)	PF	N/A		X				
Joseph B. Whitehead Foundation - 58-6	001954										
191 Peachtree St., NE, Ste 3540											
Atlanta, GA 30303	Grantmaking	Georgia	501(C)(3)	11d; III-O	N/A		Х				
Lettie Pate Whitehead Foundation, Inc											
58-6012629, 191 Peachtree St., NE, St	e 3540,										
Atlanta, GA 30303	Grantmaking	Georgia	501(C)(3)	11d; III-O	N/A		Х				
Lettie Pate Evans Foundation, Inc											
58-6004644, 191 Peachtree St., NE, St	e 3540,										
Atlanta, GA 30303	Grantmaking	Georgia	501(C)(3)	11d; III-O	N/A		X				

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990)

Lettie Pate Evans Foundation, Inc. Restricted u/w of Lettie Pate Evans

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
Robert W. Woodruff Health Sciences Center	4						
Fund, Inc 58-2229271, 191 Peachtree St.,							
NE, Ste 3540, Atlanta, GA 30303	Grantmaking	Georgia	501(C)(3)	11b; II	N/A		X
Ichauway, Inc 58-1824778							
3988 Jones Center Drive							
Newton, GA 39870	Ecological Research	Georgia	501(C)(3)	PF	N/A		Х
Berry College - 58-0566133							
39 Mount Berry Station							
Rome, GA 30149	Higher Education	Georgia	501(C)(3)	2	N/A		Х
Emory University - 58-0566256							
Emory University							
Atlanta, GA 30322	Higher Education	Georgia	501(C)(3)	2	N/A		Х
Episcopal High School in Virginia -							
54-0506326, 1200 North Quaker Lane,	1						
Alexandria, VA 22302	Secondary Education	Virginia	501(C)(3)	2	N/A		x
Georgia Institute of Technology - 58-6002023							
Georgia Institute of Technology							
Atlanta, GA 30332	Higher Education	Georgia	501(C)(3)	2	N/A		x
Protestant Episcopal Theological Seminary -							
54-0505937, Protestant Episcopal Theological							
Seminary, Alexandria, VA 22304	Higher Education	Virginia	501(C)(3)	2	N/A		x
Tallulah Falls School, Inc 58-0600867							
PO Box 10	Primary and Secondary						
Tallulah Falls, GA 30573	Education	Georgia	501(C)(3)	2	N/A		x
Trustees of Old Customs House - 54-6052460							
2064 Horne's Lake Road	1						
Williamsburg, VA 23185	Historic Preservation	Virginia	501(C)(3)	7	N/A		x
Virginia Museum of Fine Arts - 54-6001804							
200 North Boulevard							
Richmond, VA 23220	Museum	Virginia	501(C)(3)	7	N/A		x
Washington and Lee University - 54-0505977	1			1			
Washington and Lee University	1						
Lexington, VA 24450	Higher Education	Virginia	501(C)(3)	2	N/A		x
The College of William and Mary Foundation -	1	-		1			
54-0734117, Drawer 8795, Williamsburg, VA	1						
23187	Higher Education	Virginia	501(C)(3)	5	N/A		x

Schedule R (Form 990)

Lettie Pate Evans Foundation, Inc. Restricted u/w of Lettie Pate Evans

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
Bath County Community Hospital - 54-0505913							
PO Box 774							
Hot Springs, VA 24445	Health Care	Virginia	501(C)(3)	3	N/A		X
Children's Healthcare of Atlanta -							
58-2367819, 1600 Tullie Cir., Atlanta, GA	1						
30329	Health Care	Georgia	501(C)(3)	3	N/A		x
Bruton Parish Church Endowment Fund, Inc							
54-6036077, 102 Willoughby Drive,	1						
Williamsburg, VA 23185	Religion	Virginia	501(C)(3)	1	N/A		x
Boys' Home, Inc 54-0505870						1	
306 Boys' Home Road	1						
Covington, VA 24426	Child Welfare	Virginia	501(C)(3)	1	N/A		x
	1						
	4						
	-						
	4						
	-						
	4						
	4						
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Lettie Pate Evans Foundation, Inc.

Schedule R (Form 990) 2011 Restricted u/w of Lettie Pate Evans

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	ר)	(i)	(i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Dispro ate allo		Code V-UBI amount in box 20 of Schedule	mana parti	er?	ercenta wnersł
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
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organizations treated as a corporation or trust during the tax year.)

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	
	1							

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Part V	Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)
1 01 1 1	

Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No			
	During the tax year, did the organization engage in any of the following transactions with									
	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		Х			
b	Gift, grant, or capital contribution to related organization(s)				1b	Х	x			
с	c Gift, grant, or capital contribution from related organization(s)									
d	d Loans or loan guarantees to or for related organization(s)									
е	e Loans or loan guarantees by related organization(s)									
f	Sale of assets to related organization(s)				1f		X			
g	Purchase of assets from related organization(s)				1g		Х			
h	Exchange of assets with related organization(s)				1h		Х			
i	Lease of facilities, equipment, or other assets to related organization(s)				1i		X			
j	Lease of facilities, equipment, or other assets from related organization(s)				1j		X			
k	Performance of services or membership or fundraising solicitations for related organizatio	on(s)			1k		Х			
I.	Performance of services or membership or fundraising solicitations by related organization	on(s)			11		Х			
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1m	X X				
n	n Sharing of paid employees with related organization(s)									
0	Reimbursement paid to related organization(s) for expenses				10	Х				
р	Reimbursement paid by related organization(s) for expenses				1p	Х				
q	Other transfer of cash or property to related organization(s)				1q		X			
r	Other transfer of cash or property from related organization(s)				1r		Х			
2	If the answer to any of the above is "Yes," see the instructions for information on who mu	ust complete th	is line, including covered	relationships and transaction thresholds.						
		(b) ransaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved						
<u>(1)</u>										
(2)										
(3)										
(4)										
(5)										
<u>(5)</u> (6)										
10										

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Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e Are a partners 501(c orgs) all s sec.)(3) ?	(f) Share of total income	(g) Share of end-of-year assets	(I Dispi tio alloca	h) ropor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes	al or F jing er?	(k) ^D ercentage ownership
				100									
												+	

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Complete this part to provide ac	dditional information for responses to questions on Schedule R (see instructions).
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