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⊦orm	<b>U</b>	

Department of the Treasury

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.



interr	hal Reveni	Information about Form 990 and its in the service	nstructions is	s at <sub>www.ir.</sub>	<u>s aov/form990.</u>		Inspection
AF	or the	2013 calendar year, or tax year beginning		ending			
Bo	heck if	C Name of organization			D Employer id	entifi	cation number
а	pplicable:	Lettie Pate Evans Foundation, I	lnc.				
Address		Restricted u/w of Lettie Pate E	Ivans				
	Name	Doing Business As				3-7	282939
	initlal return	Number and street (or P.O. box if mail is not delivered to street addr	ress)	Room/suite	E Telephone nu	Impe	r
	Termin-	191 Peachtree Street NE		3540			522-6755
	lated				G Gross receipts \$		84037034.
	_lreturn "]Applica		5121 0000		H(a) Is this a gro		
L			Tardin		for subordi	natas	? <b>Yes</b> X No
		191 Peachtree St NE, #3540, Atla	nta G	A 3030		nates	ncluded? Yes No
			4947(a)(1)				list. (see instructions)
					4		• •
		www.lpevans.org	ther 🕨		H(c) Group exer		
				L Year	of formation: 19.	± J N	State of legal domicile: GA
Pa		Summary			to goat		namod
e	1 E	riefly describe the organization's mission or most significant activit	ies: TO D	roviae	to certa	1111	nameu
Activities & Governance	. –	peneficiaries annual monetary supp					
ern		Check this box 🕨 🛄 if the organization discontinued its operat					ssets.
NO.		lumber of voting members of the governing body (Part VI, line 1a)					5
ن م	4 🖻	lumber of independent voting members of the governing body (Par	t VI, line 1b)				5
es	5 T	otal number of individuals employed in calendar year 2013 (Part V,	line 2a)			5	14
viti	<b>6</b> T	otal number of volunteers (estimate if necessary)				6	0
<b>\cti</b>		otal unrelated business revenue from Part VIII, column (C), line 12				7a	0.
4	b N	let unrelated business taxable income from Form 990-T, line 34				7b	0.
					Prior Year		Current Year
en al	8 0	Contributions and grants (Part VIII, line 1h)				0.	0.
'nu		Program service revenue (Part VIII, line 2g)				0.	0.
Revenue	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)			668359'	72.	72547592.
Ř		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11c				0.	<u> </u> 0.
	1	otal revenue - add lines 8 through 11 (must equal Part VIII, column			668359'	72.	72547592.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			659618		71656350.
		Benefits paid to or for members (Part IX, column (A), line 4)		20 CON120		0.	0.
		Balaries, other compensation, employee benefits (Part IX, column (A)		0.000	56662		585988.
Expenses						0.	0.
en		Professional fundraising fees (Part IX, column (A), line 11e)					
Ĕ	1				1841	22	188626.
_	4	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			667126		72430964.
	1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line	·	NO.421079-140107	1233		116628.
		Revenue less expenses. Subtract line 18 from line 12					
Net Assets or   Fund Balances				Ве	ginning of Current		End of Year 2660670691.
Ssel	20 T	otal assets (Part X, line 16)			2652682		
atA	21 T	otal liabilities (Part X, line 26)					28750576.
		let assets or fund balances. Subtract line 21 from line 20			23187680	•⊥•	2631920115.
	art II	Signature Block					
		ies of perjury, I declare that I have examined this return, including accompa					y knowledge and belief, it is
true,	, correct	and complete, Dechration of preparer (other than officer) is based on all in	formation of w	hich preparer	has any knowledge	•	
		X KSGAPI N/L.			m	23	12,2014
Sig	n 🕴	Signiture of officer Contraction Contraction			Date		
Her		P. Russell Hardin, President					
		Type or print name and title					
_		Print/Type preparer's name Preparer's signatu	re		Date Ch	eck 🗌	PTIN
Paid					if sel	f-employ	ed
Prei	parer	Firm's name			Firm's El		
	· •	Firm's address					

Phone no.

See Schedule O for Organization Mission Statement Continuation

	Check if Schedule O contains a response or note to any line 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.
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	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?
	If "Yes," describe these changes on Schedule O.
	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 are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 61273618 • including grants of \$ 60899993 • ) (Revenue \$
	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 \$ 7208661. including grants of \$ 7164705. ) (Revenue \$
	Grants for Health. Grants were awarded to Children's Healthcare of
	Atlanta and Bath County Community Hospital in Hot Springs, Virginia
	Atlanta and Bath County Community Hospital in Hot Springs, Virginia according to the terms of the will that created the Restricted Fund.
	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
	Atlanta and Bath County Community Hospital in Hot Springs, Virginia according to the terms of the will that created the Restricted Fund.
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46	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.
4c	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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<b>4</b> c	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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	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. 
4d	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. 

Form 990 (2013)

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	0		x
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		<u></u>
4	during the tax year? If "Yes," complete Schedule C, Part II	4		х
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		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		37
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
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		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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		<u> </u>
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, VII, IX, or X	10		
••	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	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	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		<u> </u>
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? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	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		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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 and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
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			37
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? 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? <i>If "Yes," complete Schedule G, Part I</i>	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			37
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a 20b		<u> </u>
0	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		990	(2013)
		1 0111		-010)

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### Form 990 (2013) 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

21         Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, cloum (A), line 11 <sup>11</sup> (%; complete Schedule). Parts 1 and 11         21         X           22         Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, complete Schedule   Parts 1 and 11         22         X           23         Did the organization answer "Yes" to Part VII. Section A, line 3, 4, or 5 about compensation of the organization asswer "Yes" to Part VII. Section A, line 3, 4, or 5 about compensation of the organization asswer "Yes" to Part VII. "Section A, line 3, 4, or 5 about compensation of the organization invest and subset of the organization invest asses and the Toecometer 31, 2002 f1 "Yes," answer lines 240 through 24 and complete Schedule J.         23         X           24         D dth eorganization invest and proceeds of taxes empt bonds beyond a temporary period exception?         24a         X           25         Section 50(2)(3) and 50(1)(4) organization. Did the organization angole in a necess benefit transaction with a disqualified person ators in a prior year, and that the transaction that an experiment on a grant assection with a disqualified person in a prior year, and that the transaction these any closes benefit transaction with a disqualified person in a prior year, and that the transaction thas not been reported on any of the organization seque that any close schedule L, Part 1         25b         X           26         Did the organization negate in a costs benefit transaction with a disqualified person in a prior year, and that the transaction that on Part 1, the 5, 6, o				Yes	No
22       Did the organization report more than \$5.000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 21 If 'Ves', complete Schedule L, Part I and Informer officers, directors, trustees, key employees, and highest compensation of the organization scurrent and former officers, directors, trustees, key employees and highest compensation of the organization invest ans stockempt bond issue with an outstanding principal amount of more than \$100.000 as of the last day of the yan; that was insue da the Docember 31, 20027 II '''es', 'anxwe lines 24 b trough 24 and complete Schedule K. If 'No', go to line 25e       24e       24         24a       D the organization invest any proceeds of taxesempt bonds beyond a temporary period exception?       24e       24e         255       Section 501(kg) and 501(c)(kg) and 501(c) organization. Divest public by ond a temporary period exception?       24d       24e         256       Section 501(kg) and 501(c)(kg) and 501(c) organization. Divest public by ond a temporary period exception?       24d       25e         256       Section 501(kg) and 501(c)(kg) and 501(c) organization. Divest prints and the disqualified person in a provyer, and that the nagaed in an excess benefit transaction with a disqualified person? If the complete Schedule L, Part I       25e       X         250       D the organization report any amount on Part X, line 5, 6, or 22 for reservables from or payables to any current or former officer, director, trustee, key employees, or disqualified person? If too, complete Schedule L, Part II       25e       X         270       D the organization report any amount on Part Y	21		21	x	
and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete     23     X       240     Dot 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 I, I'No', or to be 25a     24a     X       24     Dot the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?     24b     X       24     Dot the organization animation are assore account other than a refunding escrow at any time during the year?     24d     Z4d       25     Section 501(c)(3) and 501(c)(4) organizations. Dict the organization enage in a excess benefit transaction with a disqualified person in a prior year, and that the transaction bas not been reported on any of the organization or partice that a encycle on an excess benefit transaction with a disqualified persons? If so, complete Schedule L, Part I     25a     X       25     Did the organization encycle in a conscise benefit transaction with a disqualified persons? If so, complete Schedule L, Part I     25a     X       26     Did the organization encycle in a conscise sheet transaction with on a disqualified person? If wes, 'complete Schedule L, Part II     26a     X       27     Did the organization encycle in a conscise sheet transaction with a disqualified person? If so, complete Schedule L, Part II     27a     X       28     Was the organization in part to the reasistance to an officer, director, trustee, exe yemployee, UP 'Yes,	22		22		x
Schedule J     23     X       24a Did the organization haves 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 'Ne', 'go to line 25a     24a     X       24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?     24b     24d     X       24b Did the organization maintain an escow account other than a refunding escrow at any time during the year to defease any tax exempt bonds outstanding at any time during the year?     24d     X       25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a proy year, and that the transaction has not been reported on any of the organization spior Form 990 or 990-c?? If 'Yes,' complete Schedule L, Part I     25a     X       25 Did the organization organization on Dent X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified person? If so, complete Schedule L, Part I     25a     X       26 Did the organization orpoid a grant or other assistance to an officer, director, trustee, or key employees, rustees, leav employee? If 'Yes,' complete Schedule L, Part I     25a     X       27 Did the organization provide a grant selection committee member, or to a 35% controlled entity or family member of any or these persons? If 'Yes,' complete Schedule L, Part IV     25a     X       28 A current or former officer, director, trustee, or key	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
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,' arawar lines 24b through 24d and complete Schedule I, I'Wo,' go in line 25a         24a         X           24b         Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds?         24b         X           25a         Section 501(c)(3) and 501(c)(4) organizations. Did the organization angage in an excess benefit transaction with a disqualified person 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 sping on 990-E27 if 'Yes,' complete Schedule L, Part I         25a         X           25b         Did the organization average been transaction with a disqualified person in a prior year, and that the transaction need on any of the organization's prior Forms 990 or 990-E27 if 'Yes,' complete Schedule L, Part I         25a         X           26c         Did the organization are need on any of the organization spinor Forms 990 or 990-E27 if 'Yes,' complete Schedule L, Part II         26a         X           27b         Did the organization are need on any of the organization spinor payables to any current or former officers, director, trustee, key employees if 'Yes,' complete Schedule L, Part II         27a         X           27b         Did the organization aparty to a business transaction with ne of the following parties (see Schedule L, Part II)         28a		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
Isst 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 25a         X           D Id the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?         24b         X           D Id the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?         24b         24c           D Id the organization act as an "on behalf of lisuer for bonds outstanding at any time during the year?         24d         24d           25a         Section 501(c)(3) and 501(c)(4) organizations. Did the organization any 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 report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, furctors, trustees, key employees, highest compensated employees, or disqualified persons? If 'os, "complete Schedule L, Part II         25a         X           27         D Id the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or emplexe thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part IV         28a         X           28         Was the equinization provide a grant or other assistance to an officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV         28a         X           29         D Id the organization neevore or fifter, director, trustee, or key e		Schedule J	23	Х	
Schedule K, If 'No', go to line 25a       24a       X         b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?       24b       24b         c Did the organization anatain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?       24c       24c         25a Section 501(c)(3) and 501(c)(4) organization. Did the organization engage in an excess benefit transaction with a disqualified person during the year? II 'Yes,' complete Schedule L, Part I       25a       X         b Is the organization are 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 sprior Forms 900 or 900 £27. If 'Yes,' complete Schedule L, Part I       25a       X         27 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any ourrent or former officers, director, trustes, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II       26       X         28 Was the organization provide a grant or other assistance to an officer, director, trustes, key employees, bustantial contributor or employee three0, a grant setto stransaction with on of the following parties (see Schedule L, Part IV       28a       X         28 Was the organization receive contributions of art, historical trassure, or key employee for a family member of a current or former officer, director, trustee, or key employee (or a family member of any of these persons? III 'Yes, 'complete Schedule L, Part IV       28a	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?       24b         c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?       24c         d Did the organization act as an 'on behaff Of' issuer for bonds outstanding at any time during the year?       24d         25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage 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 forms 900 or 90CE27 If 'Yes,' complete Schedule L, Part I       25a       X         26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II       26       X         27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II/       26       X         28 Was the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial control former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV       28a       X         29 U and organization receive more times of associations, and exceptions):       27       X         20 U and org					
c       Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?       24c         25a       Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage 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 E27 If 'Yes,' complete Schedule L, Part I       25a       X         26       Did the organization aware that 1 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 E27 If 'Yes,' complete Schedule L, Part I       25b       X         26       Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, furstees, key employees, highest compensated employees, or disqualified persons? If reso, complete Schedule L, Part II       26       X         27       Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicible filing thresholds, conditions, and exceptions);       27       X         28       A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV       28a       X         29       Did the organization aparty to a business transaction with one of the similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule L, Part IV       28a       X         29					X
ary tax-exempt bonds?     24c       d Did the organization act as an 'on behall of' issuer for bonds outstanding at any time during the year?     24d       25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person of a prior year, and that the transaction has not been reported on any of the organization 's prior Forms 990 or 990-E2? If 'Yes,' complete Schedule L, Part I     25a     X       25 Did the organization aware that 1 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-E2? If 'Yes,' complete Schedule L, Part II     25b     X       26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, directors, trustees, key employees, substantial contributor or employee thereot, a grant selection committee member, or to a 30% controlled entity or family member or fany of these persons? If 'Yes,' complete Schedule L, Part II     26     X       27 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV     28a     X       28 A family member of a current or former officer, director, trustee, or key employee for a family member thereofy was an officer, director, trustee, or key employee for a family member thereofy was an officer, director, trustee, or key employee for a family member thereofy was an officer, director, trustee, or key employee for a family member thereofy was an officer, director, trustee, or key employee for a family member thereofy was an officer, director, trustee, or key employee for a family member thereofy was an office			24b		
d Did the organization act as an "on behalf of "issuer for bonds outstanding at any time during the year?       24d         25a       Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage 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 980 or 990-E27 // "Yes," complete Schedule L, Part 1       25a       X         26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, directors, trustees, key employees, indisest compensated employees, or disqualified persons? If so, 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 thereol, a grant selection committee member, or to a 35% controlled entry or family member of any of these paralys to a business transaction with one of the following parties (see Schedule L, Part IV       27       X         28 Was the organization approaches transaction with one of the following parties (see Schedule L, Part IV       28a       X         29 Did the organization approaches transaction schedule L, Part IV       28b       X         29 Did the organization receive more than 252,000 in non-cashe cortibutions? If 'Yes,' complete Schedule L, Part IV       28a       X         29 Did the organization receive more than 252,000 in non-cashe cortibutions? If 'Yes,' complete Schedule L, Part IV       28a       X         30 Did the organization receive more than	с				
25a       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 //r 'Yes,' complete Schedule L, Part I       25a       X         b Is the organization avare 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-E27 // 'Yes,' complete Schedule L, Part I       25b       X         26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II       26       X         27 Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):       27       X         28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):       28a       X         29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule L, Part IV 28b       28a       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 transfer more than 22% of its net assets?/I 'Yes,' complete Schedule M, Part I       31       X					
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-E27 If "Yes," complete Schedule L, Part I       25b       X         26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officies, director, trustees, key employees, indiscut of employees, or disqualified persons? If so, 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 and exceptions):       26       X         28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):       28       X         29 Did the organization receive contributions of art, historical transaction vith one of the following parties (see Schedule L, Part IV instructions for applicable). (part IV instructions or ant, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part IV instructions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I       29       X         29 Did t			24d		
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 E27.11 "Yes," complete Schedule L, Part I         26       Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?11 so, complete Schedule L, Part II       26       X         27       Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?11 so, complete Schedule L, Part II       26       X         27       Did the organization approved a grant or other assistance to an officer, director, trustee, key employee, substantial contributors or employee thereod, a grant selection committee member, or to a 35% controlled entity or family member of a funct of these persons?11 "Yes," complete Schedule L, Part IV       28       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV       28a       X         29       A current or former officer, director, trustee, or key employee (or a family member eng) was an officer, director, trustee, or levy employee?11 "Yes," complete Schedule L, Part IV       28b       X         29       Did the organization receive more than \$25,000 in non-cash contributions?11 "Yes," complete Schedule M       29       X	25a	···· · · · · · · · · · · · · · · · · ·	050		x
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete       25b       X         26       Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If S0, 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 of any of these persons? If "Yes," complete Schedule L, Part II       27       X         28       Was the organization provide a grant selection committee member, or to a 35% controlled entity or family member of any dry to a business transaction with one of the following parties (see Schedule L, Part IV       28a       X         29       X to carner or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a       X         30       Did the organization receive more than \$25,000 in no-cash contributions? If "Yes," complete Schedule L, Part IV       29a       X         31       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part II       30       X         32       Did the organization neceive more than \$25,000 in no-cash contributions? If "Yes," complete Schedule M       30	h	· · · · · · ·	258		- 23
Schedule L, Part I       25b       X         26       Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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 of any of these persons? If 'Yes,' complete Schedule L, Part II       26       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions):       28a       X         29       A current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or twey employee (or a family member thereof) was an officer, director, trustee, or twey employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, chart IV.       28c       X         29       Did the organization receive contributions of at, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule I, Part IV.       28c       X         30       Did the organization neceive contributions of at, historical treasures, or other similar a	b				
26       Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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 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 instructions for applicable filing thresholds, conditions, and exceptions):       28a       X         29       Did the organization receive contributions, and exceptions):       a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a       X         29       Did the organization receive contributions? If "Yes," complete Schedule M       29       X         30       Did the organization receive contributions of ant, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M       30       X         31       X       31       X       31       X         32       Did the organization receive contributions? If "Yes," complete Schedule M       30       X         33       Did the orga			25h		x
former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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 thereot, a grant selection committee member, or to a 55% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II       27       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):       a A current or former officer, director, trustee, or key employee (If "Yes," complete Schedule L, Part IV       28a       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 at, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I       30       X         31       Did the organization neceive contributions of ar, historical treasures, or other similar assets, or qualified conservation contributions self. Part II       31       X         32       Did the organization neelie Schedule M, Part I       31       X         33       Did the organization neelie Schedule M, Part I       33       X         34       Was the organization neelie Cordive or t	26				
complete Schedule L, Part II       28       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 of any of these persons? If "Yes," complete Schedule L, Part II       28       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):       a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a       X         29       Did the organization receive more than \$25,000 in onn-cash contributions? If "Yes," complete Schedule L, Part IV       28a       X         29       Did the organization receive more than \$25,000 in onn-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 receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization neceive and than \$25,000 in transfer more than 25% of its net assets?/If "Yes," complete Schedule N, Part I       32       X         33       Did the organization own 100% of an entity disregarde					
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 of any of these persons? If "Yes," complete Schedule L, Part II       27       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):       a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a       X         29       Did the organization receive more folicer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV       28a       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 ilquidate, terminate, or dissolve and cease operations?       1       X         31       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization neal out thy disregarded as separate from the organization under Regulations sections 301.7701.3? If "Yes," complete Schedule R, Part I       33       X         33			26		х
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       28       X         28       A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28       X         29       A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28       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 more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       30       X         31       Did the organization ilquidate, terminate, or dissolve and cease operations?       31       X         32       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I       33       X         33       Did the organization heaves on 512(b)(13)? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         34       Was the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1       35a       X	27				
28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): <ul> <li>a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV</li> <li>b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV</li> <li>28a</li> <li>X</li> </ul> 28b <li>X</li> 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 receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? 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?If "Yes," complete         32         X           33         Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1         33         X           34         Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
instructions for applicable filing thresholds, conditions, and exceptions):       a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a       X         b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28b       X         c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28b       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, Part I       30       X         31       Did the organization inducidate, terminate, or dissolve and cease operations?       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/If "Yes," complete Schedule N, Part I       32       X         33       Did the organization nelated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1       33       X         34       Was the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)? <t< th=""><td></td><td>of any of these persons? If "Yes," complete Schedule L, Part III</td><td>27</td><td></td><td>X</td></t<>		of any of these persons? If "Yes," complete Schedule L, Part III	27		X
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a       X         b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28b       X         c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28b       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 sell, exchange, dispose of, or transfer more than 25% of its net assets?If "Yes," complete Schedule N, Part I       31       X         32 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1       33       X         34 Was the organization nealing of section 512(b)(13)? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1       34       X         35a Did the organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2       35a       X         36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2       36	28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28b       X         c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, 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?       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/If "Yes," complete Schedule N, Part I       31       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       33       X         34       Was the organization neceive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       35a       X         35a       Did the organization. Sid the organization make any transfers to an exempt non-charitable related organization?       36       X <t< th=""><td></td><td>instructions for applicable filing thresholds, conditions, and exceptions):</td><td></td><td></td><td></td></t<>		instructions for applicable filing thresholds, conditions, and exceptions):			
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, 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 and inquidate, terminate, or dissolve and cease operations?       31       X       31       X         32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/If "Yes," complete Schedule N, Part I       32       X         33 Did the organization neutry 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 have a controlled entity within the meaning of section 512(b)(13)?       35a       X         35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         37 Did the organization conduct more than 5% of its and exempt non-charitable related organization?       36       X         36       X       35a       X       35a       X         36       Section 501(c)(3) organizations. Did the org					
director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV       28c       X         29       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 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?       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/If "Yes," complete Schedule N, Part I       31       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 have a controlled entity within the meaning of section 512(b)(13)?       35a       X         35a       Did the organization.       34       X         36       Fart V, line 2       35b       35b         37       Did the organization.       Sid activities through an entity that is not a related organization? if "Yes," complete Schedule R, Part V, line 2       36         35a       Section 501(c)(3) organizations. Did the organization make any			28b		<u> </u>
<ul> <li>29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M</li> <li>30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M</li> <li>30 X</li> <li>31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I</li> <li>32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II</li> <li>32 Did the organization on 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</li> <li>33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</li> <li>35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2</li> <li>36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2</li> <li>36 Z</li> <li>37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI</li> <li>37 X</li> <li>38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?</li> <li>38 X</li> </ul>	с				v
<ul> <li>30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M</li> <li>31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I</li> <li>31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II</li> <li>32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II</li> <li>32 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</li> <li>33 Was the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</li> <li>34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?</li> <li>b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?</li> <li>b If "Yes," complete Schedule R, Part V, line 2</li> <li>35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?</li> <li>a6 X</li> <li>a7 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?</li> <li>Note. All Form 990 filers are required to complete Schedule O</li> </ul>					
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?/If "Yes," complete Schedule N, Part II       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, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       If "Yes," complete Schedule R, Part V, line 2       35b       35b         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2       36       X         37       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       37       X		-	29		<u> </u>
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Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       If "Yes" to line 35a, 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       35b         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 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 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O       38       X			33		X
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<ul> <li>36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 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 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 X </li> </ul>	b				
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38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?         Note. All Form 990 filers are required to complete Schedule O       38       X	37		1		
Note. All Form 990 filers are required to complete Schedule O			37		X
	38	• • • • • •		v	
		Note. All Form 990 filers are required to complete Schedule O			

332004 10-29-13

# Lettie Pate Evans Foundation, Inc. Form 990 (2013) Restricted u/w of Lettie Pate Evans Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	5			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and		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	14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ırns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
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," to line 3b, provide an explanation in Schedule	θO		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	int)?	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	Accou	ints.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-	action	?	5b		Х
	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	the org	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu		or gifts			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the granization receive a payment is average of $$75$ made partly as a contribution and partly for goods and contributions are contributions.	nuinna	provided to the power?	7-		х
a L	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a 7b		Λ
b			u irad	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w to file Form 8282?			7c		х
Ь	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	1		70		
۵ ۵	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	-	rt?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
h				7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.	Did the s	supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	t any tir	ne during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.					
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:		1			
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:	1	1			
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
10-	amounts due or received from them.)	11b		10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	<b>12b</b>		12a		
ы 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.	120	l			
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
a	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			100		
b						
~	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
				14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu			14b		

332005 10-29-13

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

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	Page U

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

# S

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		5		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	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		any other			
	officer, director, trustee, or key employee?			2		Х
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	as filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		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	appoint	one or			
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	persons other than the governing body?					Х
8						
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?				X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			. 9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue	e Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such o	hapter	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy befo	re filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," d	escribe			
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approx	al by ir	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision'	?				
а	The organization's CEO. Executive Director, or too management official			15a	X	

а	The organization's GEO, Executive Director, or top management official	15a	23
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 arrangement with a		
	taxable entity during the year?	16a	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		

	exempt status with respect to such arrangements?	16b		
See	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright { m GA}$			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain in Schedule O)			

	statements available to the public during the tax year.
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial

20	State the name	, physical address	, and telephone n	umber	r of the person v	who posses	sses the books a	and records of the	e organization: 🕨
	Erik S.	Johnson,	Secretary	7 -	404-522	-6755			-
	404 -	1		~ ' .		1		20202	

	Erik S. Johnson, Secretary - 404-522-6755												
	191	Peacht	ree	Street	NE,	Suite	3540,	Atlan	ita, G	SA 303	03		
332006	6 10-29-1	3										Form <b>990</b>	(2013)
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	Lettie Pate Evans	Foundation,	Inc.							
Form 990 (2013)	Restricted u/w of	Lettie Pate	Evans	23-7282939	Page 7					
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated										
Employees, and Independent Contractors										
Check if Schedule	e O contains a response or note to an	y line in this Part VII								
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees										
1a Complete this table for all	persons required to be listed. Report	compensation for the ca	alendar year endi	ng with or within the organization	s tax year.					
<ul> <li>List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.</li> <li>Enter -0- in columns (D), (E), and (F) if no compensation was paid.</li> <li>List all of the organization's current key employees, if any. See instructions for definition of "key employee."</li> </ul>										
8	<b>, , , ,</b>		, ,	,						
	ve <b>current</b> highest compensated empl Form W-2 and/or Box 7 of Form 1099-									

• 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)
 (B)
 (C)
 (D)
 (E)
 (F)

(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson	is bot pr/trus	h an	compensation	compensation	amount of
	week		cer ar	iu a u	recic	n/trus	lee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	ordi	ee			sated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		e	suadu		(W-2/1099-MISC)		organization and related
	below	lual tr	tional		loy	st co n yee				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) JAMES B. WILLIAMS	4.00	-	-		-	<u> </u>	_			
TRUSTEE CHAIRMAN	17.00	x						18750.	73750.	Ο.
(2) JAMES M. SIBLEY	1.00									
TRUSTEE VICE CHAIRMAN	5.00	X						16875.	65625.	0.
(3) WILTON LOONEY	2.50									
TRUSTEE	2.50	Х						26250.	33750.	0.
(4) HERBERT CLAIBORNE, JR.	1.00									
TRUSTEE	6.00	Х						18750.	33750.	0.
(5) CHARLES H. MCTIER	1.00									
TRUSTEE	3.00	х						18750.	56250.	0.
(6) P. RUSSELL HARDIN	10.00									
PRESIDENT	40.00			Х				118846.	425319.	93211.
(7) J. LEE TRIBBLE	10.00									
TREASURER	40.00			X				65557.	234609.	53114.
(8) ERIK S. JOHNSON	10.00							40000	1 - 0 - 2 - 0	02800
SECRETARY	40.00			X				42008.	150338.	23720.
(9) ELIZABETH A. SMITH	10.00					37		20242	100505	20715
GRANTS PROGRAM DIRECTOR	40.00 10.00					X		30342.	108585.	20715.
(10) MARTHA W. MORTON	40.00					x		26017.	93110.	34746.
CONTROLLER	40.00							20017.	93110.	54/40.
										·
		1								
		1								
332007 10-29-13	•			•	•	•			-	Form <b>990</b> (2013)

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332007 10-29-13

Form 990 (2013)

# Lettie Pate Evans Foundation, Inc.

23-7282939 Pa	age <b>8</b>
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Form	<u>1990 (2013)</u> Restricte	ed u/w c	<u>st</u>	Le	ett	∶i€	e I	?a	te Evans	23-72	8293	39	Page 8
Pa	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,			ighe	st C	ompensated Employe	es (continued)			
	(A) Name and title	<b>(B)</b> Average hours per week	box	not ch , unles	ss pei	ition <sup>more</sup> rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation		(F) Estima amour	ated nt of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	)	oth ompen from organiz and re organiz	sation the ation lated
			Inc	Ins	Off	Key	Hig	Fo					
1b Sub-total       382145.127508         c Total from continuation sheets to Part VII, Section A       0.							0.		506. 0.				
d 2	Total (add lines 1b and 1c) Total number of individuals (including but n compensation from the organization								382145 • eceived more than \$100	127508 0,000 of reportable		225	506. 1
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s				•	•			<b>c</b>			Ye	s No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportab ),000? <i>If "Yes,</i>	le co " co	ompe mple	ensa ete S	atior Sche	n and edule	d otl ə <i>J f</i>	for such individual	the organization	4		
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i> <b>tion B. Independent Contractors</b>					-		elat	ed organization or indiv	idual for services	5	5	X
1	Complete this table for your five highest co the organization. Report compensation for	-									ensatio	on from	1
	(A) Name and business	address	N	ONE	2				(B) Description of s	ervices	Com	<b>(C)</b> Ipensa	tion
								_					
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot lii	mited	d to		se li: 0	sted	above) who received m	nore than			
33200 10-29-	8.13										Fo	rm <b>990</b>	<b>)</b> (2013)

Form 990 (20	)13)
Devit VIII	

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

23-7282939 Page **9** 

Га	rt v				or note to any lin	e in this Part VIII			
			Check if Schedule O con			(A) Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	а	Federated campaigns	1a					
Gra			Membership dues						
ťs, An		С	Fundraising events						
ilar İlar			Related organizations						
Sim,			Government grants (contribut						
utio		f	All other contributions, gifts, gran						
Oth			similar amounts not included abo						
but		-	Noncash contributions included in lines						
n O		n	Total. Add lines 1a-1f						
ð	2	~			Business Code				
vice		a b							
Ser		c							
am		d							
Program Service Revenue		e							
Pr			All other program service reve	enue					
			Total. Add lines 2a-2f						
	3		Investment income (including						
			other similar amounts)		►	72430964.			72430964.
	4		Income from investment of ta						
	5		Royalties		►				
				(i) Real	(ii) Personal				
			Gross rents						
			Less: rental expenses						
			Rental income or (loss)		L				
			Net rental income or (loss)						
	1	а	Gross amount from sales of	(i) Securities 11606070	(ii) Other				
		h	assets other than inventory Less: cost or other basis	11000070					
		D	and sales expenses	11489442					
		с	Gain or (loss)	116628.					
		d	Net gain or (loss)			116628.			116628.
đ			Gross income from fundraisin						
Other Revenue			including \$	of					
leve			contributions reported on line	e 1c). See					
эг F			Part IV, line 18	а					
Oth		b	Less: direct expenses	b					
Ŭ		С	Net income or (loss) from fund	draising events	<b>&gt;</b>				
	9	а	Gross income from gaming a						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gan						
	10	а	Gross sales of inventory, less						
		h	and allowances Less: cost of goods sold						
			Net income or (loss) from sale						
		<u> </u>	Miscellaneous Revenu		Business Code				
	11	а							
		b							
		c							
		d	All other revenue						
			Total. Add lines 11a-11d		►				
	12		Total revenue. See instructions.		►	72547592.	0.	0	.72547592.
33200 10-29	9 -13	_							Form <b>990</b> (2013)

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2013.03000 Lettie Pate Evans Foundatio 0050\_\_\_1

Form 990 (2	2013)
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# Lettie Pate Evans Foundation, Inc. Form 990 (2013)Restricted u/w of Lettie Pate Evans23-7282939Page 10Part IXStatement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	omplete column (A).	
	Check if Schedule O contains a respon	ise or note to any line in			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	71656350.	71656350.		
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	357614.	227535.	130079.	
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	146688.	90622.	56066.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	20749.	13694.	7055.	
9	Other employee benefits	41970.	27700.	14270.	
10	Payroll taxes	18967.	12518.	6449.	
11	Fees for services (non-employees):				
а	Management	4184.	2761.	1423.	
b	Legal	856.		856.	
с	Accounting	18368.		18368.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	71001.		71001.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion		60.55		
13	Office expenses	9660.	6375.	3285.	
14	Information technology	19680.	12989.	6691.	
15	Royalties	20022	10100	0.0.71	
16	Occupancy	29033.	19162.	9871.	
17	Travel	6351.	4267.	2084.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	2520	2106	122	
19	Conferences, conventions, and meetings	2539.	2106.	433.	
20	Interest				
21	Payments to affiliates	13153.	8681.	4472.	
22	Depreciation, depletion, and amortization	6106.	4030.	2076.	
23	Insurance Other expenses. Itemize expenses not covered	0100.	±050•	2070.	
24	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	7133.	6805.	328.	
b	<u></u>				
c					
d					
	All other expenses	562.	371.	191.	
25	Total functional expenses. Add lines 1 through 24e	72430964.	72095966.	334998.	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)				

332010 10-29-13

Form **990** (2013)

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14590508 352174 0050

11 2013.03000 Lettie Pate Evans Foundatio 0050\_\_\_1

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

23-7282939 Page 11

Pa	τX	Balance Sheet					
		Check if Schedule O contains a response or not	to any line	e in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			7132.	1	8929.
	2	Savings and temporary cash investments			11799670.	2	12113111.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ated employ	/ees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualit	fied persons	s (as defined under			
		section 4958(f)(1)), persons described in section	n 4958(c)(3)(	B), and contributing			
		employers and sponsoring organizations of sect	tion 501(c)(9	9) voluntary			
ŝts		employees' beneficiary organizations (see instr).	Complete I	Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7		
4	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		108389.			
	b	Less: accumulated depreciation		31816.	89726.	10c	76573.
	11	Investments - publicly traded securities	108263750.	11	112790368.		
	12	Investments - other securities. See Part IV, line 1		2224541280.	12	2535056559.	
	13	Investments - program-related. See Part IV, line	E E E E E E E E E E E E E E E E E E E		13		
	14	Intangible assets			14	<u> </u>	
	15	Other assets. See Part IV, line 11			593288.	15	625151.
	16	Total assets. Add lines 1 through 15 (must equa			2345294846.	16	2660670691.
	17	Accounts payable and accrued expenses		26452594.	17	28647050.	
	18	Grants payable		20452594.	18	2004/050.	
	19 00	Deferred revenue				19	
	20 21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete F				20 21	
<i>(</i> <b>)</b>	21	Loans and other payables to current and former				21	
Liabilities	22	key employees, highest compensated employee					
lide		Complete Part II of Schedule L				22	
Li	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated		E E E E E E E E E E E E E E E E E E E		24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					
		Schedule D			74231.	25	103526.
	26				26526825.	26	28750576.
		Organizations that follow SFAS 117 (ASC 958		ere▶ 🖾 and 📗			
es		complete lines 27 through 29, and lines 33 an	d 34.				
anc	27	Unrestricted net assets			2310806255.	27	2623958349.
Bal	28	Temporarily restricted net assets				28	
pu	29				7961766.	29	7961766.
Ъ		Organizations that do not follow SFAS 117 (A	SC 958), cł	neck here 🕨 🛄			
sor		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or eq				31	
Net	32	Retained earnings, endowment, accumulated in			2318768021.	32 33	2631920115.
-	33 24	Total net assets or fund balances			2345294846.	33 34	2660670691.
	34	Total liabilities and net assets/fund balances			2343234040.	34	Form <b>990</b> (2013)
							Form <b>ອອບ</b> (2013)

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Lettie	Pate	Evans	Foundation,	Inc.

	1990 (2013) Restricted u/w of Lettie Pate Evans	23-	-7282939	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	725		
2	Total expenses (must equal Part IX, column (A), line 25)	2	724		
3	Revenue less expenses. Subtract line 2 from line 1	3			28.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23187		
5	Net unrealized gains (losses) on investments	5	3130	354	66.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	26319	201	15.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis	s,		
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
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?			Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule C	D.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Au	ıdit		
	Act and OMB Circular A-133?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red au	dit		_
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>			

Form **990** (2013)

SCHEDULE A (Form 990 or 990) Department of the Treasu Internal Revenue Service		Public Charity Status and Public Support         Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.         ► Attach to Form 990 or Form 990-EZ.         ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.jrs.gov/form990.									
Name of the organ		Pate Evans F				at www.irs			Inspection identification number		
Nume of the organ		cted u/w of L		-		q			3-7282939		
Part I Reas		rity Status (All organiz					ructions		5 1202555		
		because it is: (For lines									
		es, or association of chur									
						(D)(T)(A)(I)	•				
		70(b)(1)(A)(ii). (Attach Sc		in contion	170/6//1/	(A)(:::)					
·		ital service organization of operated in conjunction					(h)/1)/A)/iii	i) Entor	the beenital's name		
4 A medic city, and		operated in conjunction	with a nos	pital desci	110eu 111 <b>3e</b>				the hospital's hame,		
		benefit of a college or ur	niversity o	wheel or or	perated by		nontal uni	t describ	oed in		
-	170(b)(1)(A)(iv). (Comp	-	inversity of		Jeraleu Dy	agoverni	nema um	L Geschi			
		nent or governmental unit	t doooribo	d in <b>contin</b>	n 170/h)/1	IV <b>A</b> V <sub>2</sub> A					
		ceives a substantial part			• • •	~ ~ ~ /	r from tho	gonoral	public described in		
	170(b)(1)(A)(vi). (Compl		or its supp	ont non a	governme	intai unit u		general	public described in		
		section 170(b)(1)(A)(vi).	Complete	Part II.)							
		ceives: (1) more than 33 1		,	rom contri	hutions m	omborshi	n foos a	and aross receipts from		
5		inctions - subject to certa									
		taxable income (less sect									
	ion 509(a)(2). (Complet				31163363 6	acquired b	y the orga	Inzation			
		perated exclusively to te	et for publ	ic safety S	See sectio	n 500(a)(4	h				
	-	perated exclusively to te		•				v out the	purposes of one or		
5		ations described in section									
•	<i>,</i> <b>,</b>	organization and complete		,		.). See <b>seu</b>	1011 309(4	a <b>)(3).</b> On			
				nctionally i		d	X Typ		n-functionally integrated		
		at the organization is not			-						
,		than one or more publicly									
		itten determination from t						(a)(1) O	Section 505(a)(2).		
	ng organization, check 1	la la ave									
		organization accepted ar		ontribution					L		
-		directly controls, either al			-				Yes No		
		supported organization?							, 11g(i) X		
	0 0 1	on described in (i) above?							11g(ii) X		
.,		a person described in (i) a							11g(iii) X		
. ,	,	a person described in (i) o	( )								
ii rovide		about the supported of	gamzation	(3).							
(i) Nome of ourport		(III) Type of organization	(iv) Is the c	organization	(v) Did vou	i notify the	(vi)  s	the	(wii) Amount of monotony		
(i) Name of suppor organization	ed (ii) EIN	(iii) Type of organization (described on lines 1-9	in col. (i) lis		organizat		organizátic (i) organiz	n in col	(vii) Amount of monetary support		
organization		above or IRC section	governing	document?	(i) of your	support?	U.S.	.?	oupport		
		(see instructions))	Yes	No	Yes	No	Yes	No			
Berry											
College	58-0566133	32	x		x		х		13890519.		
Emory											
University	58-0566256	52	x		x		х		3472630.		
Episcopal											

	<sup>·</sup> Paperwork Re 00 or 990-EZ.	eduction Act Notice	, see the Instructions f	or		Schedul	e A (For	m 990 or 990-EZ) 2013
						· · · ·		
Total	14							69461895.
Epis	copal Th	54-0505937	2	X	X	X		6945259.
	estant		0		37			6045250
		58-6002023	۷	X	X	X		10417889.
Trach			2	77		77		10117000

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See Part IV for Line 11 Continuation  $^{\rm 332021}_{\rm 09-25-13}$ 

54-05063262

High School Georgia Х

Х

3472630.

<sup>2013.03000</sup> Lettie Pate Evans Foundatio 0050\_\_\_1

#### Schedule A (Form 990 or 990-EZ) 2013

Part II	Sup

(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	endar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(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.						
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	(a) 2003	(b) 2010	(0) 2011	(0) 2012	(e) 2013	
8	Gross income from interest,						
0							
	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	· · · · · · · · · · · · · · · · · · ·		,			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
<u></u>	organization, check this box and stor	here					<u></u>
<u>5e</u>	ction C. Computation of Publ	ic Support Pe	ercentage				
	Public support percentage for 2013 (		•			14	%
	Public support percentage from 2012					15	%
16a	<b>33 1/3% support test - 2013.</b> If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this be	ox and
	stop here. The organization qualifies						▶∟
b	<b>33 1/3% support test - 2012.</b> If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check t	his box
	and stop here. The organization qual	ifies as a publicly :	supported organiz	ation			▶∟
17a	10% -facts-and-circumstances tes	t - 2013. If the org	anization did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	nces" test, check t	his box and <b>stop ł</b>	<b>here.</b> Explain in Pa	rt IV how the orga	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	d organization	-	
b	0 10% -facts-and-circumstances tes	-	-				
	more, and if the organization meets th						
	organization meets the "facts-and-cire						
18	Private foundation. If the organization						ıs 🕨 🗌
				, , . , <b> , 1</b> 1		dule A (Eorm 990	

Schedule A (Form 990 or 990-EZ) 2013

332022 09-25-13

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# 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.)

Sec	tion A. Public Support							
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 20	)13 <b>(f)</b>	Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	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-							
4	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							
7a	Total. Add lines 1 through 5							
b	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 or 1% of the amount on line 13 for the year							
с	Add lines 7a and 7b							
	Public support (Subtract line 7c from line 6.)							
	tion B. Total Support			1	1	-i		
	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 20	)13 <b>(f)</b>	Total
10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30, 1975							
11	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							
12	Other income. Do not include 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	the organization'	's first, second, thi	rd. fourth. or fifth	tax vear as a secti	on 501(c)(3	) organization	
	check this box and stop here	e e						
Sec	tion C. Computation of Publ	ic Support Pe	ercentage					
	Public support percentage for 2013 (		<b>v</b>	column (f))		15		%
	Public support percentage from 2012					16		%
	tion D. Computation of Inve					1 1		
	Investment income percentage for 20					17		%
	Investment income percentage from					18		%
	33 1/3% support tests - 2013. If the						nd line 17 is not	
	more than 33 1/3%, check this box a							
	33 1/3% support tests - 2012. If the						3 1/3%, and	
	line 18 is not more than 33 1/3%, che							
	Private foundation. If the organization							
	3 09-25-13			, of 100, 0100K			orm 990 or 990	)-EZ) 201
JJ2020				15				, 20 K
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Part IV Supplemental Information	<b>ON.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).
22024 00 25 12	Cabadula A /Fauna 000 au 000 F7
32024 09-25-13	Schedule A (Form 990 or 990-EZ)
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Lettie	Pate	Evans	Foundation,	Inc.
Restric	ted 1	1/w of	Lettie Pate	Evans

23-7282939 Page 4

Schedule A (Form 990 c	or 990-EZ) Re	stricted u/w	of L	ettie	Pate	Evan	S		7282939 Page 4
Part IV Supplen	nental Informati	<b>on</b> (Schedule A, Part I,	Line 11h -	Informatio	-		ed organiz	zations (	continuation)
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	(iv) Is the tion in col in your g docur	organiza- . (i) listed overning nent?	organizat	u notify the ion in col. support?	(vi) Is organizatic (i) organiz U.S.	on in col. ed in the	<b>(vii)</b> Amount of support
		(see instructions))	Yes	No	Yes	No	Yes	No	
Tallulah									
Falls School	58-0600867	2	X		X		X		6945259.
Trustees of									
Old Customs	54-6052460	7	X		X		X		300.
Virginia									
Museum of Fi	54-6001804	7	X		X		X		3472630.
Washington									
and Lee Univ	54-0505977	2	Х		X		Х		10417889.
The College									
of William a	54-0734117	5	Х		X		Х		3472630.
Bath County									
Community Ho	54-0505913	3	X		X		X		3472630.
Children's									
Healthcare o	58-2367819	11B	X		X		X		3472630.
Bruton									
Parish Churc	54-6036077	1	X		X		X		6000.
Boys' Home,									
Inc.	54-0505870	1	X		X		X		3000.
Continuation Total									31262968.

Schedule A (Form 990 or 990-EZ)

332401 05-01-13

60	HEDULE D	Supplement	al Financial Statements		OMB No. 1545-0047	7
	n 990)		anization answered "Yes," to Form 990,		2013	
•		Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		Open to Public	C
Depart Interna	tment of the Treasury al Revenue Service	Information about Schedule D (Fo	Attach to Form 990. rm 990) and its instructions is at <u>www.irs.go</u>	v/form90		Č
Nam	e of the organizati				ployer identification num	ıber
	-	Restricted u/w of	Lettie Pate Evans		23-7282939	
Pa	rt I Organiza	ations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Acco	unts.Complete if the	
	organizatio	n answered "Yes" to Form 990, Part IV, lin				
			(a) Donor advised funds	<b>(b)</b> Fur	nds and other accounts	
1		nd of year				
2		utions to (during year)				
3	Aggregate grants	from (during year)				
4		t end of year				
5	-		writing that the assets held in donor advised f			
-			exclusive legal control?			No
6	•	<b>C</b>	advisors in writing that grant funds can be use	-		
			or donor advisor, or for any other purpose con	-		NI -
Pa			ganization answered "Yes" to Form 990, Part			No
1		servation easements held by the organizat	•	v, inte 7	•	
'		of land for public use (e.g., recreation or o	·	ally imp	ortant land area	
		f natural habitat	Preservation of a certified			
		of open space		matoric	Siluciale	
2			fied conservation contribution in the form of a	conserv	vation easement on the las	:t
-	day of the tax year	<b>o o</b> .		00110011		
	day of the tax you				Held at the End of the Tax Y	Year
а	Total number of co	onservation easements		2a		
b						
			ructure included in (a)			
			after 8/17/06, and not on a historic structure			
	listed in the Natior	nal Register		2d		
3			leased, extinguished, or terminated by the org		n during the tax	
	year 🕨					
4	Number of states	where property subject to conservation ea	sement is located 🕨			
5	Does the organiza	tion have a written policy regarding the pe	riodic monitoring, inspection, handling of			
	violations, and enf	orcement of the conservation easements	it holds?		Yes	No
6	Staff and voluntee	r hours devoted to monitoring, inspecting	, and enforcing conservation easements durin	g the yea	ar 🕨	
7	Amount of expens	es incurred in monitoring, inspecting, and	enforcing conservation easements during the	year 🕨	\$	
8			ve satisfy the requirements of section 170(h)(4			
						No
9			ion easements in its revenue and expense sta			
			tion's financial statements that describes the	organiza	ation's accounting for	
Do	conservation ease		f Art, Historical Treasures, or Othe	r Cimi	lar Accoto	
Fa		the organization answered "Yes" to Form		1 31111	Idi A55el5.	
				and hal	lance chect works of ort	
Id			SC 958), not to report in its revenue statement hibition, education, or research in furtherance			vIII
		thote to its financial statements that descr			c service, provide, in Part 7	хш,
h			SC 958), to report in its revenue statement and	1 halanc	e sheet works of art histor	rical
5			ducation, or research in furtherance of public			
	relating to these it			501 1100,	provide the following affor	unto
	-				\$	
					\$	
2			asures, or other similar assets for financial ga			
-		unts required to be reported under SFAS 1		.,		
а	-			►	\$	
					\$	
		eduction Act Notice, see the Instruction	s for Form 990.		Schedule D (Form 990) 2	2013
33205 09-25-						
			18			

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		Pate Evans			•			רד כו	02020	- 0
		ted u/w of							82939	
-	t III   Organizations Maintaining C									
3	Using the organization's acquisition, access (check all that apply):	ion, and other record	s, check an	y of the fo	ollowing that	t are a si	gnificant u	ise of its	collection i	tems
а	Public exhibition	d	Loar	n or excha	ange progra	ıms				
b	Scholarly research	е	Othe	er						
с	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	n how they f	urther the	e organizatio	on's exer	npt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be m							🗆	Yes	No No
Par	t IV Escrow and Custodial Arran								line 9, or	
	reported an amount on Form 990, Pa		C C						·	
<b>1</b> a	Is the organization an agent, trustee, custod	lian or other intermed	liary for cont	ributions	or other as	sets not	included			
	on Form 990, Part X?		-						Yes	🗌 No
b	If "Yes," explain the arrangement in Part XIII									
		·	Ū.						Amount	
с	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on F	orm 990 Part X line	212						Yes	
	If "Yes," explain the arrangement in Part XIII									
Par										
		(a) Current year	(b) Prior		(c) Two year			ears back	(e) Four ye	ears back
1a	Beginning of year balance	(a) ourrent year		ycai	(0) 1110 your	o buok		Jaro Suon		
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
-	End of year balance		<i>(</i> ); <i>d</i>							
2	Provide the estimated percentage of the cur	-		olumn (a))	held as:					
	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
с	Temporarily restricted endowment	%								
_	The percentages in lines 2a, 2b, and 2c show	-								
3a	Are there endowment funds not in the posse	ession of the organiza	ation that ar	e held and	d administe	red for th	ne organiz	ation		
	by:									es No
	(i) unrelated organizations									
	(ii) related organizations								3a(ii)	_
b	If "Yes" to 3a(ii), are the related organization								3b	
4	Describe in Part XIII the intended uses of the		wment fund	S.						
Par	rt VI Land, Buildings, and Equipn									
	Complete if the organization answere	ed "Yes" to Form 990	, Part IV, line	e 11a. See	e Form 990,	Part X, I	ine 10.			
	Description of property	(a) Cost or o		b) Cost o		• •	cumulate	d	(d) Book v	alue
		basis (investr	nent)	basis (o	ther)	dep	preciation			
1a	Land									
b	Buildings									
с	Leasehold improvements				3930.		531			8617.
d	Equipment			7	4459.		2650	)3.	4'	7956.
	Other									
Total	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (E	3), line 10	(c).)				7	6573.
							5	Schedule	D (Form 9	90) 2013

Lettie	Pate	Eva	ns	Foundat	ion,	Ir
Restric	rted i	1/w	of	Lettie	Pate	E٦

Lettie Pate	Evans	Founda	tion,	Inc.			
Schedule D (Form 990) 2013 Restricted	u/w of	Lettie	Pate	Evans	23	-7282939	Page 3
Part VII Investments - Other Securities.							9
Complete if the organization answered "Yes"	to Form 990	Part IV, line <sup>-</sup>	11b. See Fo	orm 990, Part	X. line 12.		
(a) Description of security or category (including name of security)	1	ok value				d-of-year market v	alue
			. ,			, ,	
(2) Closely-held equity interests							
(3) Other (A) THE COCA-COLA COMPANY							
	2525		Time of	of Voo	. Maralaat	1701.00	
(B) STOCK	25350	056559.	Ena-	-or-rea	r Market	value	
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	25350	056559.					
Part VIII Investments - Program Related.	•						
Complete if the organization answered "Yes"	to Form 990	Part IV line	11c. See Ec	orm 990 Part	X line 13		
(a) Description of investment		ok value		· · · · · ·		d-of-year market v	alue
(1)			. ,			, ,	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)							
Part IX Other Assets.							
Complete if the organization answered "Yes"	to Form 990	, Part IV, line <sup>-</sup>	11d. See Fo	orm 990, Part	X, line 15.		
	Description					(b) Book va	lue
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)				🕨		
Part X Other Liabilities.							
Complete if the organization answered "Yes"	to Form 990	, Part IV, line	11e or 11f.	See Form 99	0, Part X, line 25		
1. (a) Description of liability			<b>(b)</b> Book va	lue			
(1) Federal income taxes							
(2) 457(b) Plan			103	3483.			
(3) Benefit Plans				43.			
(4)							
(5)							
<u>(6)</u>							
(7)							
(8)							
(9)							
Total. (Column (b) must equal Form 990, Part X, col. (B) lin				3526.			
2. Liability for uncertain tax positions. In Part XIII, provide	e the text of t	he footnote to	the organi	zation's finar	ncial statements	that reports the	
organization's liability for uncertain tax positions unde	r FIN 48 (ASC	740). Check	here if the	text of the fo	otnote has been	provided in Part 2	
					Sch	edule D (Form 99	90) 2013

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	Lettle Pate Evans Foundati				
Sche	dule D (Form 990) 2013 Restricted u/w of Lettie P				7282939 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents W	ith Revenue per F	Returr	າ.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	385583058.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a	313035466.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	313035466.
3	Subtract line 2e from line 1			3	72547592.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с				4c	0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	72547592.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem		Vith Expenses per	Retu	irn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	72430964.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	······································			2e	0.
3	Subtract line 2e from line 1			3	72430964.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			•
с	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	72430964.
Pa	rt XIII Supplemental Information.				

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE I (Form 990)		Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990							
Internal Revenue Service		Informat	ion about Schedule I	•		t www.irs.gov/form90	0	Open to Public Inspection	
Name of the organizati		te Evans	Foundation, Lettie Pate	Inc.				Employer identification number 23-7282939	
Part I General In	formation on Grants a	· · · · · · · · · · · · · · · · · · ·	200010 1400	274110					
1 Does the organiz	zation maintain records	to substantiate th	e amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or ass	sistance, and the seled	tion	
	ward the grants or assis							X Yes No	
2 Describe in Part	IV the organization's pro	ocedures for moni	toring the use of grant	funds in the United	d States.				
Part II Grants and	d Other Assistance to	Governments an	d Organizations in the	e United States. C	omplete if the orga	anization answered "\	es" to Form 990, Parl	IV, line 21, for any	
recipient th	hat received more than	\$5,000. Part II car	be duplicated if addit	ional space is need	ded.				
.,	Idress of organization vernment	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
Berry College									
39 Mount Berry St	ation	58-0566133	501(c)(3)	14329410.	0.			General current	
Rome, GA 30149		50-0500133	501(0)(3)	14329410.	0.			General support	
Emory University								Toward the Whitehead	
Emory University								Surgical Pavilion and	
Atlanta, GA 30322	2	58-0566256	501(c)(3)	3582352.	0.			other general support	
Episcopal High Sc 1200 North Quaker Alexandria, VA 22	Lane	54-0506326	501(c)(3)	3582352.	0.			General support	
Georgia Institute Georgia Institute Atlanta, GA 30332	e of Technology	58-6002023	501(c)(3)	10747057.	0.			General support	
Protestant Episco Seminary - 3737 S Alexandria, VA 22	ppal Theological Seminary Road –	54-0505937	501(c)(3)	7164705.	0.			General support	
Tallulah Falls Sc PO Box 10 Tallulah Falls, G	A 30573	58-0600867		7164705.	0.			General support	
3 Enter total numb	per of section 501(c)(3) a per of other organization	s listed in the line	1 table						

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

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	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
/irginia Museum of Fine Arts							
200 North Boulevard							
Richmond, VA 23220	54-6001804	501(c)(3)	3582352.	0.			General support
Nashington and Lee University							
Washington and Lee University							
Lexington, VA 24450	54-0505977	501(c)(3)	10747057.	0.			General support
	51 0505577	501(0)(0)	10/1/05/.				
The College of William and Mary							
Foundation - Drawer 8795 -							
Villiamsburg, VA 23187	54-0734117	501(c)(3)	3582352.	0.			General support
Bath County Community Hospital							
(Hot Springs Valley Nursing Assn.,							
Inc.) - PO Box 774 - Hot Springs,							
/A 24445	54-0505913	501(c)(3)	3582352.	0.			General support
Children's Healthcare of Atlanta							
Foundation - 1600 Tullie Cir							
Atlanta, GA 30329	58-1710601	501(c)(3)	3582352.	0.			General support
Bruton Parish Church Endowment							
Fund, Inc 102 Willoughby Drive							
- Williamsburg, VA 23185	54-6036077	501(c)(3)	6000.	0.			General support
			1			1	

Schedule I (Form 990)

Lettie Pate Evans Foundation, Inc.

Restricted u/w of Lettie Pate Evans Schedule I (Form 990) (2013) 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. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Part I, Line 2:

Part III

Explanation: 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.

23-7282939

Page 2

SC	HEDULE J	Compensation Information	1	OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	17	2
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		ΖU	IJ	)
Dena	tment of the Treasury	Attach to Form 990. See separate instructions.		Open to		
	al Revenue Service	Information about Schedule J (Form 990) and its instructions is at www irs gov/fo	rm990	Inspe	ction	
Nan	ne of the organizatio	· · · · · · · · · · · · · · · · · · ·	Employer id			mber
		Restricted u/w of Lettie Pate Evans	23-7	28293	9	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropr	ate box(es) if the organization provided any of the following to or for a person listed in Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o	harter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
	X Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S			
	Discretionary	spending account Personal services (e.g., maid, chauffeur, o	:hef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b		Х
2	Did the organizatio	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked in line 1a?		2	Х	
3	Indicate which, if a	ny, of the following the filing organization used to establish the compensation of the organization	ation's			
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to			
	establish compens	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation committee Written employment contract					
	Independent of	compensation consultant III Compensation survey or study				
		ther organizations I Approval by the board or compensation of	committee			
4	During the year, did	any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re					
а	Receive a severand	e payment or change-of-control payment?		4a		Х
b	Participate in, or re	ceive payment from, a supplemental nonqualified retirement plan?			Х	
с		ceive payment from, an equity-based compensation arrangement?				Х
		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	2					
	Only section 501(	:)(3) and 501(c)(4) organizations must complete lines 5-9.				
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
а	The organization?			5a		Х
b	Any related organiz	ation?		5b		Х
		r 5b, describe in Part III.		-		
6	For persons listed i	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
а		с 		6a		Х
		ation?				X
		r 6b, describe in Part III.				
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	3			
-		es 5 and 6? If "Yes," describe in Part III		7		х
8		reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
5	-	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		x
<ul> <li>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in</li> </ul>						
5		a the organization also follow the rebuttable presumption procedure described in a solution of the rebuttable procedure described in a solution of the rebutta		9		
LHA		eduction Act Notice, see the Instructions for Form 990.		ile J (Forr	n 990)	) 2013

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

Schedule J (Form 990) 2013

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) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denems	(b)(i)-(U)	in prior Form 990
(1) P. RUSSELL HARDIN	(i)	114223.	0.	4623.	13311.	7046.	139203.	0.
PRESIDENT	(ii)	408777.	0.	16542.	47639.	25215.	498173.	0.
(2) J. LEE TRIBBLE	(i)	59405.	0.	6152.	5089.	6511.	77157.	3543.
TREASURER	(ii)	212594.	0.	22015.	18211.	23303.	276123.	14567.
(3) ERIK S. JOHNSON	(i)	39312.	0.	2696.	3275.	1906.	47189.	0.
SECRETARY	(ii)	140688.	0.	9650.	11719.	6820.	168877.	0.
(4) ELIZABETH A. SMITH	(i)	28392.	0.	1950.	2365.	2159.	34866.	0.
GRANTS PROGRAM DIRECTOR	(ii)	101608.	0.	6977.	8464.	7727.	124776.	0.
(5) MARTHA W. MORTON	(i)	26208.	0.	-191.	3931.	3657.	33605.	0.
CONTROLLER	(ii)	93792.	0.	-682.	14070.	13088.	120268.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2013

Lettie Pate Evans Foundation, Inc.

Restricted u/w of Lettie Pate Evans

Part III Supplemental Information

Schedule J (Form 990) 2013

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:

Explanation: 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:

Explanation: 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:

Explanation: The Foundation credited P. Russell Hardin with \$8,672 and J.

Lee Tribble with \$450 to an unfunded, unvested 457(f) Plan. The amounts are

included in Part II, column C. J. Lee Tribble became vested in 2013 and

received distribution of \$3,543 which is included in Part II, column F.

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Complete to Form 99	provide information for 90 or 990-EZ or to provi Attach to Form	n to Form 990 or 9 responses to specific questions de any additional information. n 990 or 990-EZ. Z) and its instructions is at www.irs.c	on	OMB No. 1545-0047
Name of the organization	n Lettie Pat	te Evans Four	dation, Inc.	Employe	er identification numbe
	Restricted	a u/w or Lett	ie Pate Evans	23-	7282939
Form 990, Pa	rt I, Line 1,	Description	of Organization M	ission:	
percentage i	n the will of	Lettie Pate	Evans, deceased.	To date	1
beneficiarie	s of the Letti	ie Pate Evans	Restricted Fund	have	
collectively	received more	e than \$887 m	illion in distrib	utions	since the
Fund's incep	tion				
<u>runa s mcep</u>	1011.				
Form 990, Pa	rt III, Line 4	4d, Other Pro	gram Services:		
Grants for R	eligion. One	grant was aw	arded to Bruton P	arish C	hurch
Endowment Fu	nd in William:	sburg, Virgin	ia according to t	he term	s of the
	eated the Rest				
				verning	Doard
has full dis	cretion to all	locate grant	funds.		
Expenses \$ 6	037. includi	ing grants of	\$ 6000. Revenu	e \$ 0.	
Grants for C	hild Welfare.	One grant w	as awarded to Boy	s' Home	in
Covington, V	irginia accord	ding to the t	erms of the will	that cr	eated the
Restricted F	und. The Boy:	s' Home gover	ning board has fu	11 disc	retion to
allocate gra					
Expenses \$ 3	018. includi	ing grants of	\$ 3000. Revenu	e \$ 0.	
Form 990, Pa	rt VI, Sectior	n B, line 11:			
Explanation:	The Form 990	is prepared	with audited fina	ncial d	ata which ha
<u>been reviewe</u>	d by the gover	rning board.	Internal account	ing sta	ff prepare
the 990 with	the aid of p	reparation so	ftware. Accounti	ng team	members
individually	review the 99	90 according	to a checklist.	Numbers	are verifie
against audi	ted financial	statements.	The 990 is then	reviewe	d by the
Controller	Treasurer Sev	retary and I	resident. A draf	t of th	- 990 ic
LHA For Paperwork R	eduction Act Notice, see t				e 990 IS m 990 or 990-EZ) (201
332211 09-04-13			28		
590508 352174	1 0050	2013.03000	Lettie Pate Evans	s Founda	tio 0050

Schedule O (Form 990 or 990-EZ) (2013) Name of the organization Lettie Pate Evan: Restricted u/w or				Page 2
Name of the organization	Lettie Pate Evans	Foundation,	Inc.	Employer identification number
	Restricted u/w of	Lettie Pate	Evans	23-7282939

provided to all governing board members prior to filing.

Form 990, Part VI, Section B, Line 12c: Explanation: 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:

Explanation: 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; 2013 compensation was determined during the November 2012 board meeting.

Form 990, Part VI, Section C, Line 19:

Explanation: 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.

332212 09-04-13

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	Complete if the organization Attach to F		Part IV, line 33, 34, and the second se	35b, 36, or 37.			MB No. 1544 <b>201</b> Ppen to P Inspecti	<b>3</b> Public
Name of the organization Lettie	Pate Evans Foundat: ted u/w of Lettie 1	ion, Inc.	<u></u>		E	mployer identif 23-7282		umber
Part I Identification of Disregarded Entit	ties Complete if the organization ans	wered "Yes" on Form 990, Part	V, line 33.		·			
<b>(a)</b> Name, address, and EIN (if applicab of disregarded entity	(b) Primary act	ivity Legal domicil foreign co		(d) al income Er	<b>(e)</b> nd-of-year asset	(f) S Direct controlling entity		g
Part IIIdentification of Related Tax-Exer organizations during the tax year.	npt Organizations Complete if the c	organization answered "Yes" on	Form 990, Part IV, line	e 34 because it	had one or mor	e related tax-exe	mpt	
<b>(a)</b> Name, address, and EIN of related organization	(b) Primary activ	vity Legal domicile (s foreign cour	·	ode Public n status (i	e) charity Dir if section (c)(3))	<b>(f)</b> rect controlling entity	cont	g) 512(b)(13) trolled tity? No
Robert W. Woodruff Foundation, Inc. 58-1695425, 191 Peachtree St., NE, Atlanta, GA 30303		Georgia	501(C)(3)	PF	N/A			x
Joseph B. Whitehead Foundation - 58 191 Peachtree St., NE, Ste 3540		Georgia	501(0)(2)	DE	NT / 3			x
Atlanta, GA 30303 Lettie Pate Whitehead Foundation, I 58-6012629, 191 Peachtree St., NE, Atlanta, GA 30303		Georgia Georgia	501(C)(3)		N/A II-O N/A			x
Lettie Pate Evans Foundation, Inc. 58-6004644, 191 Peachtree St., NE, Atlanta, GA 30303		Georgia	501(C)(3)		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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
Robert W. Woodruff Health Sciences Center	4						
Fund, Inc 58-2229271, 191 Peachtree St.,	4						
NE, Ste 3540, Atlanta, GA 30303	Grantmaking	Georgia	501(C)(3)	11b; II	N/A		X
Ichauway, Inc 58-1824778	1						
3988 Jones Center Drive	1						
Newton, GA 39870	Ecological Research	Georgia	501(C)(3)	PF	N/A		X
Berry College - 58-0566133							
39 Mount Berry Station							
Rome, GA 30149	Higher Education	Georgia	501(C)(3)	2	N/A		X
Emory University - 58-0566256							
Emory University	]						
Atlanta, GA 30322	Higher Education	Georgia	501(C)(3)	2	N/A		X
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	1						
Atlanta, GA 30332	Higher Education	Georgia	501(C)(3)	2	N/A		x
Protestant Episcopal Theological Seminary -							
54-0505937, 3737 Seminary Road, Alexandria,	1						
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	1						
Richmond, VA 23220	Museum	Virginia	501(C)(3)	7	N/A		x
Washington and Lee University - 54-0505977							
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			
54-0734117, Drawer 8795, Williamsburg, VA	1						
	Higher Education	Virginia	501(C)(3)	F	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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	cont	<b>g)</b> 512(b)(13) trolled ization?
		0 1/		501(c)(3))		Yes	No
Bath County Community Hospital - 54-0505913							T
PO Box 774							
Hot Springs, VA 24445	Health Care	Virginia	501(C)(3)	3	N/A		Х
Children's Healthcare of Atlanta -							
58-2367819, 1600 Tullie Cir., Atlanta, GA							
30329	Health Care	Georgia	501(C)(3)	11b; II	N/A		X
Bruton Parish Church Endowment Fund, Inc							
54-6036077, 102 Willoughby Drive,	7						
Williamsburg, VA 23185	Religion	Virginia	501(C)(3)	1	N/A		x
Boys' Home, Inc 54-0505870							<u> </u>
306 Boys' Home Road	1						1
Covington, VA 24426	 Child Welfare	Virginia	501(C)(3)	1	N/A		x
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# Lettie Pate Evans Foundation, Inc. Schedule R (Form 990) 2013 Restricted u/w of Lettie Pate Evans

23-7282939 Page 2

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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)	(	h)	(i)	(j	)	(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		ortionate ations?	Code V-UBI amount in box 20 of Schedule	mana partr	er?	ercenta wnersl
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
	_											
	_											
	_											
							I					
	_											
	_											
	_											
	_											
	_											
	_											

organizations treated as a corporation or trust during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	ent	i) b)(13) rolled tity?
		country)						Yes	No
									<u> </u>
									<u> </u>

# Lettie Pate Evans Foundation, Inc.

Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

**b** Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

#### Restricted u/w of Lettie Pate Evans Schedule R (Form 990) 2013

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V

	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				<b>1</b> j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
	Performance of services or membership or fundraising solicitations for related orga				11		X
m	Performance of services or membership or fundraising solicitations by related orga	anization(s)			1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organizat				1n	X	
0	Sharing of paid employees with related organization(s)				10	Х	
						37	
	Reimbursement paid to related organization(s) for expenses				1p	X	
q	Reimbursement paid by related organization(s) for expenses				1q	Х	
							x
r	Other transfer of cash or property to related organization(s)				1r		X
	Other transfer of cash or property from related organization(s)				1s		_ A
	If the answer to any of the above is "Yes," see the instructions for information on v	T Turning the second	riis inie, including covered rela	uonsnips and transaction thresholds.			
			· · · ·	( n			
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount inv	olved		
	(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount inv	olved		
	(a) Name of related organization	Transaction	(c) Amount involved	(d) Method of determining amount inv	olved		
(1)	(a) Name of related organization	Transaction	(c) Amount involved	(d) Method of determining amount inv	olved		
(1)	(a) Name of related organization	Transaction	(c) Amount involved	(d) Method of determining amount inv	olved		
. ,	(a) Name of related organization	Transaction	(c) Amount involved	(d) Method of determining amount inv	olved		
<u>(1)</u> (2)	(a) Name of related organization	Transaction	(c) Amount involved	(d) Method of determining amount inv	olved		
(2)	(a) Name of related organization	Transaction	(c) Amount involved	(d) Method of determining amount inv	olved		
. ,	(a) Name of related organization	Transaction	(c) Amount involved	(d) Method of determining amount inv	olved		
(2)	(a) Name of related organization	Transaction	(c) Amount involved	(d) Method of determining amount inv	olved		
<u>(2)</u> (3)	(a) Name of related organization	Transaction	(c) Amount involved	(d) Method of determining amount inv	olved		
<u>(2)</u> (3)	(a) Name of related organization	Transaction	(c) Amount involved	(d) Method of determining amount inv	olved		
(2) (3) (4)	(a) Name of related organization	Transaction	(c) Amount involved	(d) Method of determining amount inv	olved		
(2) (3) (4)	(a) Name of related organization	Transaction type (a-s)	(c) Amount involved	Method of determining amount inv			
(2) (3) (4) (5) (6)	(a) Name of related organization	Transaction	(c) Amount involved	(d) Method of determining amount inv			) 2013

1a

1b

1c

1d

1e

1f

Yes No

Х

Х

Х

Х

Х

Х

# Schedule R (Form 990) 2013 Restricted u/w of Lettie Pate Evans

## Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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.

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are a partners 501(c) orgs.	) all s sec. )(3) .?	<b>(f)</b> Share of total	(g) Share of end-of-year	Dispr tion alloca	h) ropor- nate itions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partn	al or F ging Ier?	<b>(k)</b> Percentage ownership
		country)	under section 512-514)	Yes I	No	income	assets	Yes	No	(Form 1065)	Yes	NO	
				$\vdash$					$\vdash$		$\left  \right $		
				$\left  \right $							$\left  \right $	-+	

Schedule R (Form 990) 2013

Part VII Supplemental Information	stricted u/w of Lettle Pate Evans	23-7282939 Pa
	or responses to questions on Schedule R (see instructions).	
32165 09-12-13		Schedule R (Form 990)
	36 2013.03000 Lettie Pate Evans F	