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Form 990-PF

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

For	calen	dar year 2011 or tax year beginning U	N 1, 2011	, and ending	DEC 31, 2011	•
· Na	ne of	foundation			A Employer identification	number
S	ANI	DESTIN FOUNDATION			45-6314257	,
_		nd street (or P O box number if mail is not delivered to street	t address)	Room/suite	B Telephone number	_ _
1	50	00 EMERALD COAST PARKW	ΛΛ		850-337-52	200
_		own, state, and ZIP code			C If exemption application is p	
		rin, FL 32541			i oxompuon approation to p	, one on the control of the control
		all that apply: X Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organization	s, check here
- '		Final return	Amended return]	,
		Address change	Name change		Foreign organizations me 2. check here and attach co	eeting the 85% test,
H	heck		xempt private foundation		E If private foundation sta	
	_	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	tion	under section 507(b)(1	
I Fa			ting method: Cash	X Accrual	F If the foundation is in a	
		· —	Other (specify)		under section 507(b)(1	- 1
	\$		umn (d) must be on cash b	pasis.)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
_	art I		(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
_		Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	100,000.		N/A	
	2	Check if the foundation is not required to attach Sch. B				L
	3	Interest on savings and temporary cash investments			<u> </u>	
	4	Dividends and interest from securities				
	5a	Gross rents				
	Ь	Net rental income or (loss)				
ø	6a	Net dain or (lose) from sale of assets not on line. 10			<u></u>	
2€	b	Gross sales price of CENED				
Revenue	7	Capital gain net income (from Part IV, line 2)		0.	,	
ш,	8	Neifstort-tera Capitargam 2012			<u> </u>	
	9	Income modifications Grass sales less returns		·	ļ	
	10a	and allowances GDEN.			ļ. <u> </u>	
				 -		
	C	Gross profit or (loss)			<u> </u>	
	11	Other income	100 000			
	12	Total. Add lines 1 through 11	100,000.	0.	· 	
	13	Compensation of officers, directors, trustees, etc	0.	0 .	· 	0.
	14	Other employee salaries and wages			 	
Š	1	Pension plans, employee benefits	F36		· · · · · · · · · · · · · · · · · · ·	
nses	16a	Legal fees STMT 1	536.	0.		0.
Expens	0	Accounting fees				
e) Lij	1,70	Other professional fees Interest			 	
ິ 1 ປ ໕⊎∥໕ Administrative	17			_ _	 	
str:	18 19	Taxes Depreciation and depletion	-		 	
જે ટૂં	20	Occupancy				
ㅋ 5	21	Travel, conferences, and meetings		- 		
and A	22	Printing and publications		<u> </u>		
<u>a</u>		Other expenses STMT 2	61.	0		0.
Ę.	24	Total operating and administrative	01.			
∏ Operating	-	expenses. Add lines 13 through 23	597.	0.		0.
OFFICION Person	25	Contributions, gifts, grants paid	45,500.	<u> </u>	<u>'</u>	45,500.
<u> </u>	1	Total expenses and disbursements.	30,000			23,500.
Ī	20	Add lines 24 and 25	46,097.	0		45,500.
ز	27	Subtract line 26 from line 12:	=0,001			1 23,300.
7)		Excess of revenue over expenses and disbursements	53,903.			
		Net investment income (if negative, enter -0-)	33,303.	0		
		Adjusted net income (if negative, enter -0-)		<u>-</u>	N/A	
1000						

D	art l	Balance Sheets Attached schedules and amounts in the description	beginning of year	EIIU OI	<u> </u>
	ai C	Column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		53,903.	<u>53,903.</u>
	2	Savings and temporary cash investments			
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less; allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and foans receivable			
		Less: allowance for doubtful accounts ▶			
೭	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments - U.S. and state government obligations			
	ь	Investments - corporate stock			
	С	Investments - corporate bonds			
	11	Investments - land buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation			
	15	Other assets (describe ►)			
	1				
	16	Total assets (to be completed by all filers)	0.	53,903.	<u>53,903.</u>
	17	Accounts payable and accrued expenses			
	18	Grants payable			
S	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ia e	21	Mortgages and other notes payable			
_	22	Other liabilities (describe 🕨)			
			_	_	
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
s		and complete lines 24 through 26 and lines 30 and 31.			
ĕ		Unrestricted			
alar	25	Temporarily restricted			
ä	26	Permanently restricted			
Ĕ		Foundations that do not follow SFAS 117, check here			
F		and complete lines 27 through 31.		0	
ts (27	Capital stock, trust principal, or current funds	0.	0.	
Net Assets or Fund Balances	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.		
Ϋ́	29	Retained earnings, accumulated income, endowment, or other funds	0.	53,903. 53,903.	
ž	30	Total net assets or fund balances	U •	33,303.	
		Tabel Rehillston and not accept the add had accept	0.	53,903.	
_		Total liabilities and net assets/fund balances		23,303.	
P	art	Analysis of Changes in Net Assets or Fund B	alances		
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	30		
	(mus	st agree with end-of-year figure reported on prior year's return)		1	0.
2	Ente	r amount from Part I, line 27a		2	53,903.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	53,903.
		eases not included in line 2 (itemize)		5	53 003
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	53,903.

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SANDESTIN FOUNDATION

8

8 Enter qualifying distributions from Part XII, line 4

See the Part VI instructions.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

	rm 990-PF (2011) SANDESTIN FOUNDATION Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), 4940(e)			· ·		<u>6314</u>			age 4	
)(e), or 4	948	- see i	nstru	ction	S)
1a·	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and er	nter "N/	/A" o	n line 1.)					
	Date of ruling or determination letter: (attach copy of letter if nec	essary	-see	e instructions)						
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒	• <u> </u>	and	d enter 1%)	1				0.
	of Part I, line 27b									
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	of Par	rt I, I	ine 12, col. (b)	. J					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Ot	hers ei	nter	-0-)		2_				0.
3	Add lines 1 and 2					3				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. O	thers e	enter	· - 0-)		4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-					5				0.
6	Credits/Payments.									
а	2011 estimated tax payments and 2010 overpayment credited to 2011	6a	ļ							
b	Exempt foreign organizations - tax withheld at source	6b								
C	Tax paid with application for extension of time to file (Form 8868)	6c	\bot							
d	Backup withholding erroneously withheld	6d								
	Total credits and payments. Add lines 6a through 6d					7				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is atta-	ched				8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				>	9	ļ			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			1	>	10	<u> </u>			
	Enter the amount of line 10 to be: Credited to 2012 estimated tax			Re	funded 📂	11				
	rt VII-A Statements Regarding Activities			-				1 1	I	N
1a	During the tax year, did the foundation attempt to influence any national, state, or local legis	lation	or di	ıd ıt partıcıpate	or intervene	ın .			Yes	No
	any political campaign?				_			1a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos							1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities an	d cop	ies (of any maten	als publish	ed or				
	distributed by the foundation in connection with the activities.							1		
	Did the foundation file Form 1120-POL for this year?							1c		<u> </u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the				•					
	(1) On the foundation. \blacktriangleright \$ (2) On foundation managers				0.	-				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expend	iture ta	IX IM	iposed on four	idation					
	managers. ▶ \$									37
2	Has the foundation engaged in any activities that have not previously been reported to the li	KS7						2		<u> </u>
	If "Yes," attach a detailed description of the activities									
3	Has the foundation made any changes, not previously reported to the IRS, in its governing		nent	, articles of inc	orporation,	or				v
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the chang							3		<u>X</u>
	Did the foundation have unrelated business gross income of \$1,000 or more during the year	11 /				N.	I/A	4a 4b		
	If "Yes," has it filed a tax return on Form 990-T for this year?	,				L	1/12	5		Х
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year's	•						–		
•	If "Yes," attach the statement required by General Instruction T. Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e	ıther:								
0	 By language in the governing instrument, or 	andl.								
	 By state legislation that effectively amends the governing instrument so that no mandator 	oz direz	rtion	e that conflict	with the stat	e law				
	remain in the governing instrument?	y unce	CHOIL	is that commet	with the stat	C IQW		6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?							7	X	
′	If "Yes," complete Part II, col (c), and Part XV							-		
R 2	Enter the states to which the foundation reports or with which it is registered (see instruction	ons)	•					1		
ua	FL		_	<u>.</u>						
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	Attorne	v Ge	eneral (or desig	inate)					
J	of each state as required by General Instruction G? If "No," attach explanation		,	(2. 223)	,			8b	Х	
g	Is the foundation claiming status as a private operating foundation within the meaning of so	ection 4	4942	2(ı)(3) or 4942	(ı)(5) for cal	endar				
Ū	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," or							9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a sched				dresses C	MT	r 3	10	Х	

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	art VII-A Statements Regarding Activities (continued)			
11	•At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
•	If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► THE FOUNDATION Telephone no. ►850-3	37-5	200	
	Located at ►15000 EMERALD COAST PARKWAY, DESTIN, FL ZIP+4 ►3	2541		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A_	
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign			
	country			
Pá	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
18	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? Yes X No]]		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?	1 1		
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	ıf the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
t	olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
(Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2011?	1c		<u>X</u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)).			
â	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2011? Yes X No			
	If "Yes," list the years \blacktriangleright ,,,			
t	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions) N/A	2b		
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
38				
	during the year?			
t	of "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	[
	Form 4720, to determine if the foundation had excess business holdings in 2011.) N/A	3b	_	7.5
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
ł	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			₩.
	nan nou neen removen ironi leonarov neinte ine ursi nav ni ine iay year neninina in 20112	י חוק ז		

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NONE devoted to position compensation allowances	Form 990-PF (2011) SANDESTIN FOUNDATION Part VILB Statements Regarding Activities for Which I	Form 4720 May Be I	Required (contin	45-63142	57 Page 6
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, life Form 8870 7 A 1 and ymme during the tax year, was the foundation a party to a prohibited tax shelter transaction? If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Tite, and average hours per week devoted enter -0-) THOMAS R. BECNEL TRUSTEE TRUSTEE 2.00 0.0. 2.00 1.10 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Tite, and average devoted by position (c) Compensation (d) Combinates to the paid of the paid	 5a During the year did the foundation pay or incur any amount to: (1) Carry on propaganda, or otherwise attempt to influence legislation (section (2) Influence the outcome of any specific public election (see section 4955); of any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes (4) Provide a grant to an organization other than a charitable, etc., organization 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und section 53.4945 or in a current notice regarding disaster assistance (see instru Organizations relying on a current notice regarding disaster assistance check here. c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945 6a Did the foundation, during the year, receive any funds, directly or indirectly, to 	n 4945(e))? r to carry on, directly or indirectly or indirectly or indirectly or indirectly or indirectly or indirectly or described in section or educational purposes, or indirectly of the exceptions described octions)? ere from the tax because it maintates No.5-5(d).	ectly, ectly, Ye Ye for Ye for Ye In Regulations	S X No	ib
### Pres* to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? **Dest** No bit **Pes**, "did the foundation receive any proceeds or have any net income attributable to the transaction? **Pes** Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Pald Employees, and Contractors 1	•	ersonal benefit contract?	Ye		ib X
Description	•				
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted to position (fin of paid, enter -0-) (fin of paid, enter -0			Ye		'h
List all officers, directors, trustees, foundation managers and their compensation. List all officers, directors, trustees, foundation managers and their compensation. List all officers, directors, trustees, foundation managers and their compensation. List all officers, directors, trustees, foundation managers and their compensation. List all officers, directors, trustees, foundation managers and their compensation. List all officers, directors, trustees, foundation managers and their compensation. List all officers, directors, trustees, foundation managers and their compensation. List all officers, directors, trustees, foundation managers and their compensation. List all officers, directors, trustees, foundation managers and their compensation. List all officers, directors, trustees, foundation managers and their compensation. List all officers, directors, trustees, foundation managers and their compensation. List all officers, directors, trustees, developed diversed benefit and selection and earliers and	Port VIII Information About Officers, Directors, Trust		anagers, Highly		<u>1</u>
(a) Name and address (b) Title, and average hours per week devoted to position THOMAS R. BECNEL TRUSTEE 15000 EMERALD COAST PARKWAY DESTIN, FL 32541 2.00 0.0. Compensation (Interpald, enter-0-) TRUSTEE 15000 EMERALD COAST PARKWAY DESTIN, FL 32541 2.00 0.0. Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position NONE (c) Compensation (d) Combutations account, other allowances (e) Expense account, other allowances (e) Expense account, other allowances (c) Compensation (d) Combutations account, other allowances (e) Expense account, other allowances (e) Expense account, other allowances	Paid Employees, and Contractors	compensation			
THOMAS R. BECNEL TRUSTEE 15000 EMERALD COAST PARKWAY DESTIN, FL 32541 2.00 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	List all Officers, directors, a disters, foundation managers and their		(c) Compensation	(d) Contributions to	(e) Expense
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Combensation employees account, other allowances account, other allowances.	(a) Name and address	hours per week devoted	(If not paid, enter -0-)	and deterred	account, other allowances
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average devoted to position (c) Compensation (d) Combustions to employee bettering answer account, other account, other allowances.		TRUSTEE			
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee entit plans and address account, other allowances		2 00			0
(a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and defended account, other allowances		2.00			
(a) Name and address of each employee paid more than \$50,000 NONE (c) Compensation employee benefit plans and deferred devoted to position NONE (c) Compensation employee benefit plans and deferred compensation account, other allowances	2 Compensation of five highest-paid employees (other than those inc	cluded on line 1). If none,	enter "NONE."		
NONE	(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	aċcount, other
Total number of other employees paid over \$50,000	NONE	dovoted to position		tompursation	
Total number of other employees paid over \$50,000					
	Total number of other amplayees and over \$50,000				0

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service	e 1	(c) Compensation
NONE	<u></u>	(0) 00pu
NONE		
		
		
	-	
		
	 +	
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities	<u>▶</u>	0
		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the	E	xpenses
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		
1 PROVIDE FINANCIAL RESOURCES FOR THE CHARITABLE AND		
EDUCATIONAL NEEDS OF THE POOR AND DISADVANTAGED CHILDREN OF		AF F.C.1
NORTHWEST FLORIDA.	 	45,561.
2		
3		
	_	
4		
Port IV R Common of December Deleted Investments		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
		Amount
1 N/A		
0		
2		
All other program related investments. See instructions		
All other program-related investments. See instructions.		
3	—	
	_	
Total Add lines 1 through 3		Λ.

P	art X Minimum Investment Return (All domestic foundations must complete this part Foreign four	ndations, se	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	0.
•	Average of monthly cash balances	1b	67,890.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	67,890.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	67,890.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,018.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	<u>66,872.</u>
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	1,960.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	1,960.
2a	Tax on investment income for 2011 from Part VI, line 5		
Ь	Income tax for 2011. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,960.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,960.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	1,960.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	• • • • • • • • • • • • • • • • • • • •	1a	45,500.
b	·	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	45,500.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		_
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	45,500.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for t	he section

Form **990-PF** (2011)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

1 Distributable amount for 2011 from Part XI, Inte 7 2 Undambuded income, if any, as of the and of 2011 a Enter amount for 2010 only b Total for proxy years: 3 Excess distributions carryover, if any, to 2011: a From 2006 b From 2007 c From 2008 d From 2009 c From 200		(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
time 7 2 Undembuted receive y 4 any, as of the end of 2011 Editor amount for 2010 only 5 Total for prior years: 2 Excess distributions carryover, if any, to 2011: a From 2006 b From 2007 c From 2008 d From 2009 f Total of lines 3 through a 2 Undembuted between the service of the	1 Distributable amount for 2011 from Part XI,			-	
a Enter amount for 2010 only b Total for prior years: D. SExcess distributions carryover, if any, to 2011: a From 2006 b From 2007 c From 2008 d From 2009 d From 2010 1 Total of lines 3s throughe Oughly and delir butions for 2011 from Part XII, lime 4: P S N/A A popier to 2011, but not more than line 2a A popier to 2011, but not more than line 2a A popier to 2011, dust not enter the computer of years (Electron required - see instructions) C Treated as distributions out of corpus (Electron required - see instructions) C Treated as distributions out of corpus (Electron required - see instructions) D. SECENDAR SERVICE	i				0.
B Total for prior years: D	2 Undistributed income, if any, as of the end of 2011				
Sizess distributions curryover, if any, to 2011; a From 2006	a Enter amount for 2010 only			0.	
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lines 4d and 5 from line 1. This amount must be distributed in 2012 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) 8 Excess distributions carryover from 2006 not applied on line 5 or line 7 9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2007 b Excess from 2008 c Excess from 2009 d Excess from 2010 e Excess from 2011					
be distributed in 2012 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) 8 Excess distributions carryover from 2006 not applied on line 5 or line 7 9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2007 b Excess from 2008 c Excess from 2009 d Excess from 2010 e Excess from 2011					
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) 8 Excess distributions carryover from 2006 not applied on line 5 or line 7 9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2007 b Excess from 2008 c Excess from 2009 d Excess from 2010 e Excess from 2011	1				0.
section 170(b)(1)(F) or 4942(g)(3) 8	_				
section 170(b)(1)(F) or 4942(g)(3) 8	corpus to satisfy requirements imposed by				
8 Excess distributions carryover from 2006 not applied on line 5 or line 7 9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2007 b Excess from 2008 c Excess from 2009 d Excess from 2010 e Excess from 2011		0.			
not applied on line 5 or line 7 9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2007 b Excess from 2008 c Excess from 2010 e Excess from 2011					
9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2007 b Excess from 2008 c Excess from 2010 e Excess from 2011	•	0.			
Subtract lines 7 and 8 from line 6a O . Analysis of line 9: a Excess from 2007 b Excess from 2008 c Excess from 2010 e Excess from 2011					
a Excess from 2007 b Excess from 2008 c Excess from 2009 d Excess from 2010 e Excess from 2011		0.			
a Excess from 2007 b Excess from 2008 c Excess from 2009 d Excess from 2010 e Excess from 2011	10 Analysis of line 9:				
c Excess from 2009 d Excess from 2010 e Excess from 2011					
d Excess from 2010 e Excess from 2011	b Excess from 2008				
e Excess from 2011	c Excess from 2009				
	d Excess from 2010				
	e Excess from 2011				

	IN FOUNDATI		A (1)	45-63	14257 Page 10
Part XIV Private Operating F			-A, question 9)	N/A	
1 a-If the foundation has received a ruling of					
foundation, and the ruling is effective fo		-	▶		
b Check box to indicate whether the found		ig foundation described i		4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(1) 0040	Prior 3 years	(4) 0000	/-\ * -4-1
income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a	- <u></u> .				
c Qualifying distributions from Part XII,					
line 4 for each year listed					* ****
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities			·		
e Qualifying distributions made directly					
for active conduct of exempt activities.	j				
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					<u>L</u>
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or me	ore in assets
at any time during					
1 Information Regarding Foundation					
a List any managers of the foundation wh	•	than 2% of the total con-	tributions received by the	foundation before the clo	se of any tay
year (but only if they have contributed i			and anons received by the	s touridation before the clo	oc or any tax
NONE					
b List any managers of the foundation wh	no own 10% or more of th	e stock of a corporation	(or an equally large porti	on of the ownership of a p	artnership or
other entity) of which the foundation ha	is a 10% or greater intere	st.			
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loan,	Scholarship, etc., P	rograms:		
Check here ▶ ☐ If the foundation			_	not accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc.	(see instructions) to indiv	viduals or organizations (ınder other conditions, c	omplete items 2a, b, c, and	1 d.
a The name, address, and telephone num	nber of the person to who	m applications should be	addressed:		
SEE STATEMENT 4				<u> </u>	
b The form in which applications should	be submitted and informa	tion and materials they s	hould include;		
c Any submission deadlines:					
d Any restrictions or limitations on award	ls, such as by geographic	al areas, charitable fields	, kinds of institutions, or	other factors:	

Total

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year CATHOLIC CHARITIES NONE OTHER PUBLIC TO SUPPORTCATHOLIC CHARITY CHARITIES, A 501(C)3 11 FIRST STREET SE FORT WALTON BEACH, FL 32548 ORGANIZATION, MISSION OF CARRYING OUT THE SOCIAL MISSION OF THE 38,000. SPECIAL OPERATIONS WARRIOR FOUNDATION NONE OTHER PUBLIC TO SUPPORT THE CHARITY SCHOLARSHIPS GRANTS PO BOX 13483 AND EDUCATIONAL AND TAMPA, FL 33681-3483 FAMILY COUNSELING TO 7,500. THE SURVIVING CHILDREN ► <u>3a</u> Total 45 500. **b** Approved for future payment NONE

▶ 3b

Part XVI-A	Analysis of Income-Producing Activities

Table description of the miner and rested	Unrelated	business income	Exclud	led by section 512, 513, or 514	(0)
Enter gross amounts unless otherwise indicated.	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code				
a b			1 1		
c					
d	1 1				
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			├ ─┤		
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate.					
a Debt-financed property			 		
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income			+		
8 Gain or (loss) from sales of assets other					
than inventory Net income or (loss) from special events		<u> </u>	+ -		
O Gross profit or (loss) from sales of inventory			 		
1 Other revenue:					
a	1				
b	l l			·	
c	1				
d					
e					
2 Subtotal. Add columns (b), (d), and (e)		0.		0.	
3 Total. Add line 12, columns (b), (d), and (e)				13 _	0
See worksheet in line 13 instructions to verify calculations.)				
Part XVI-B Relationship of Activities	s to the Acco	mplishment of E	xemp	t Purposes	
		<u> </u>			
Line No. Explain below how each activity for which in			4 contrib	uted importantly to the acco	mplishment of
the foundation's exempt purposes (other th	an by providing full	us for such purposes).			-
					
				· ·	
					•
				<u> </u>	
		· · · · · · · · · · · · · · · · · · ·	-	·	
		···			

orm 990-PF (2		STIN FOUN	DATION		<u> </u>	45-63142		age 13
Part XVII	Information Re Exempt Organ		sfers To a	and Transactions a	nd Relationshi	ps With Noncharit	able	
1 Did the or			of the followin	g with any other organization	in described in section	501(c) of	Yes	No
				7, relating to political organ		1 00 1(0) 01	133	1
	from the reporting found]	
(1) Cash	·		, ,	•			a(1)	Х
(2) Other	assets						a(2)	Х
b Other tran	sactions:							
(1) Sales	of assets to a noncharita	ble exempt organiza	tion			<u> </u>	b(1)	X
` '	ases of assets from a no	•	organization				b(2)	X
	l of facilities, equipment,			-		F	b(3)	X
	bursement arrangements		-			T .	b(4)	X
• •	s or loan guarantees	mbarchin ar fundrai	eina enliaitatio	ne			b(5)	X
	rmance of services or me f facilities, equipment, ma		-			-	b(6) 1c	X
		-		dule. Column (b) should alv	vavs show the fair ma	ــ rket value of the goods, oth		
			_	ed less than fair market valu				
) the value of the goods,				,	3 · · 3 , ·		
a)Line no	(b) Amount involved	(c) Name of	noncharitable	exempt organization	(d) Description of	transfers, transactions, and sha	rıng arrangen	nents
			N/A					
						<u> </u>		
		· <u>-</u>		·				
								
				····				
		_						
						 -		
_								
				· -				
				or more tax-exempt organi	zations described		_	
	501(c) of the Code (other	-)(3)) or in sect	non 527?			Yes 🗋	X No
b If "Yes," co	omplete the following sch (a) Name of or			(h) Tune of organization) Description of relationship		
	N/A	yanızadon		(b) Type of organization	(c) Description of relationship		
	N/A				<u> </u>			
						_ .		
	· · · · · ·						-	-
								
				ng accompanying schedules and			e IRS discus	s this
Sign	elief, it is true corect, and co	mplete Declaration of pr	eparer (other tha	n taxpayer) is based on all inform	nation of which preparer h	as any knowledge return	with the prep below (see ii	arer
Here	Mana	Been		1 4/10/12	TRUSTE			No
Sigi	nature of officer or truste			Date	Title	L		
	Print/Type preparer's n	ame	Preparer's s	ignature	/ · ·	Check if PTIN		
Daid	77777	1017	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		2/1/2 /s	elf- employed	12060	-
Paid Proparer	JUDD JACKS)))	() 9	10/12		13968	<u>/</u>
Preparer Use Only	Firm's name ► WAF	KEN AVERE	ETT, LL		' '	Firm's EIN ► 45-408	5443/	
OSE OTHY	Firm's address > 2.4	ATAC EMEE	ALD CO	AST PKWY., S	UITE 3301			
		STIN, FL		WAT LUMI.' 9		Phone no. 850 – 83	37-03	98
	101		<u> </u>				990-PF	

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

2011

Name of the organization **Employer identification number** SANDESTIN FOUNDATION 45-6314257 Organization type (check one). Section: Filers of: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

Employer identification number

45-6314257

<u>PAMDE</u>	STIN FOUNDATION	43	0-031423/
Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THOMAS R. BECNEL 15000 EMERALD COAST PARKWAY DESTIN, FL 32541	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

SANDESTIN FOUNDATION

45-6314257

Part II	Noncash Property (see instructions) Use duplicate copies of Par	Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			

Schedule B	(Form 990,	990-EZ,	or 990-PF	(2011)

Employer identification number

ANDEST	TIN FOUNDATION		45-6314257		
Part III	year. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if additional	idual contributions to section 501(c le following line entry. For organization, le contributions of \$1,000 or less for al space is peeded.	(7), (8), or (10) organizations that total more than \$1,000 for the ns completing Part III, enter the year. (Enter this information once)		
(a) No.	Soc deprisate copies of Care III II addition				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-	Transferee's name, address, ar	(e) Transfer of gif	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-	Transferee's name, address, ar	(e) Transfer of gif	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-	(e) Transfer of gif Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift				
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
-					

SANDESTIN FOUNDATION 45-6314257
Part XV Supplementary Information
3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution
NAME OF RECIPIENT - CATHOLIC CHARITIES
TO SUPPORTCATHOLIC CHARITIES, A 501(C)3 ORGANIZATION, MISSION OF
CARRYING OUT THE SOCIAL MISSION OF THE CATHOLIC CHURCH IN NORTHWEST
FLORIDA TO SERVE, TO EMPOWER, AND TO ADVOCATE FOR VULNERABLE FAMILIES
AND INDIVIDUALS OF ANY RACE, RELIGION OR NATIONAL ORIGIN.
NAME OF RECIPIENT - SPECIAL OPERATIONS WARRIOR FOUNDATION
TO SUPPORT THE SCHOLARSHIPS GRANTS AND EDUCATIONAL AND FAMILY
COUNSELING TO THE SURVIVING CHILDREN OF SPECIAL OPERATIONS PERSONNEL
WHO DIE IN OPERATIONAL OR TRAINING MISSIONS AND IMMEDIATE FINANCIAL
ASSISTANCE TO SEVERELY WOUNDED SPECIALL OPERATIONS PERSONNEL AND THEIR
FAMILIES.

FORM · 990-PF	LEGAL	FEES	S'	FATEMENT 1	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			
LEGAL FEES	536.	0.		0.	
TO FM 990-PF, PG 1, LN 16A	536.	0.		0.	
FORM 990-PF	OTHER EXPENSES		STATEMENT 2		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	ADJUSTED	(D) CHARITABLE PURPOSES	
SUPPLIES	61.	0.		0.	
TO FORM 990-PF, PG 1, LN 23	61.	0.		0.	
	F SUBSTANTIA PART VII-A,	L CONTRIBUTORS	S S'	FATEMENT 3	
NAME OF CONTRIBUTOR	R ADDRESS				
THOMAS R. BECNEL	15000 EMERALD COAST PARKWAY				

DESTIN, FL 32541

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

THOMAS R. BECNEL 15000 EMERALD COAST PARKWAY DESTING, FL 32541

TELEPHONE NUMBER

850-337-5200

FORM AND CONTENT OF APPLICATIONS

THE FOUNDATION INVITES GRANT PROPOSALS FROM PUBLIC CHARITIES IN NORTHWEST FLORIDA. THE APPLICANT MUST IDENTIFY THE ORGANIZATION, ITS HISTORY, PROOF OF EXEMPTION, EXPERIENCE AND SUCCESS IN ACCOMPLISHING GRANTS, ORGANIZATIONAL REFERENCES, AMOUNT OF FUNDING DESIRED, THE RECIPIENT OR RECIPIENTS, WHETHER IT WILL HAVE ACCESS TO MATCHING FUNDS, A DETAILED PLAN OF WHEN AND HOW THE FUNDS WILL BE SPENT, A DETAILED BUDGET, THE AMOUNTS IF ANY BEING APPLIED TO ADMINISTRATIVE OVERHEAD AND SALARIES AND ITS PLAN FOR REPORTING THE RESULTS.

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE FOUNDATION REQUIRES INTERIM AND FINAL WRITTEN REPORTS OF THE RESULTS AND ACCOMPLISHMENTS OF THE GRANT. THE FOUNDATION HAS THE RIGHT TO WITHHOLD OR MODIFY FUNDING IF GOALS AND OBJECTIONS OF THE GRANT ARE NOT BEING MET.