

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



### Form , 990-PF

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

OMB No 1545-0052

2011

| For calendar year 2011, or tax year beginning Oct 1 , 2011, and ending Sep 30 , 201  |   |
|--|---|
| Name of foundation Wynne Charitable Foundation  A Employer identification 26-158320  |   |
| Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number                                   | (see the instructions)                    |
|  | 5-3175                                    |
| City or town State ZIP code  Miami State 33186 C If exemption applic   | cation is pending, check here             |
| G Check all that apply Initial return Initial Return of a former public charity D 1 Foreign organization   | abaati baas                               |
| Final return Amended return  | ,   |
| horo and attach co   | ons meeting the 85% test, check moutation |
| H Check type of organization. X Section 501(c)(3) exempt private foundation  | on status was terminated                  |
| I Fair market value of all assets at end of year J Accounting method X Cash Accrual under section 507(   | b)(1)(A), check here                      |
| (from Part II, column (c), line 16) Other (specify) F If the foundation is   | s in a 60-month termination               |
|  | b)(1)(B), check here                      |
| Part 1 Analysis of Revenue and Expenses (The total of amounts in Expenses per books Income Income  | net (d) Disbursements for charitable      |
| columns (b), (c), and (d) may not neces-   | purposes                                  |
| sarily equal the amounts in column (a) (see instructions).)  | (cash basis only)                         |
| 1 Contributions, gifts, grants, etc, received (att sch) 186,000.   |   |
| 2 Ck   if the foundn is not req to att Sch B 3 Interest on savings and temporary   |   |
| cash investments   |   |
| 4 Dividends and interest from securities 5 a Gross rents   |   |
| b Net rental income  |   |
| 4 Dividends and interest from securities 5 a Gross rents b Net rental income or (loss)  R 6 a Net gain/(loss) from sale of assets not on line 10 | yy , , , , , , , , , , , , , , , , , ,    |
| a divisional pince for all   | ٧   |
| E 7 Capital gain net income (from Part IV, line 2)   | , ,,,,,                                   |
| U 9 Income modifications   |   |
| 10a Gross sales less returns and   |   |
| allowances  b Less Cost of   |   |
| goods sold  c Gross profit/(loss) (att sch)  |   |
| 11 Other income (attach schedule)  |   |
| <b>5</b>   |   |
| 12 Total. Add lines 1 through 11 186,000.  | *   |
| 14 Other employee salaries and wages   |   |
| 15 Pension plans, employee benefits  |   |
| 16 a Legal fees (attach schedule) b Accounting fees (attach sch)   |   |
|  |   |
|  |   |
| E T 18 Tayor (attach schodula/see instre)  |   |
| A A Depreciation (attach sch) and depletion L-19 Stmt 5,641,13734 5,   | 641.                                      |
| N V 20 Occupancy   |   |
| 21 Haver, conferences, and meetings  |   |
| A E 22 Printing and publications D P 23 Other expenses (attach schedule)   | .   |
| E N  |   |
| S 24 Total operating and administrative expenses. Add lines 13 through 23 5, 641.  | 641.                                      |
| 25 Contributions, gifts, grants paid 184, 270.   | 184,270.                                  |
| 26 Total expenses and disbursements.   | 641 104 070                               |
| Add lines 24 and 25 189, 911. 5,  27 Subtract line 26 from line 12:  | 641. 184,270.                             |
| a Excess of revenue over expenses  |   |
| and disbursements $-3,911$ .   |   |
| D Net investment income (if negative, enter -0-)   | 0.  |

Page 2

| Parl             | · 11    | Balance Sheets  Attached schedules and amounts in the description column should be for end-of-year amounts only     | Beginning of year           |                | =na or ye | ar              |  |
|------------------|---------|---|-----------------------------|----------------|-----------|-----------------|--|
| Lar              |         | (See instructions )   | (a) Book Value              | (b) Book Value | e (c)     | ) Fair Mark     | et Value                                     |
|                  | 1       | Cash - non-interest-bearing   | 48,300.                     | 50,0           | 30.       | 5               | 0,030.                                       |
|                  | 2       | Savings and temporary cash investments  |                             |                |           |                 |  |
|                  |         | 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 (attach schedule) (see instructions)   | İ                           |                |           |                 |  |
|                  | 7       | Other notes and loans receivable (attach sch)   |                             |                |           |                 |  |
| A                |         | Less allowance for doubtful accounts  |                             |                |           |                 |  |
| Š                | 8       | Inventories for sale or use   |                             |                |           |                 |  |
| A<br>S<br>E<br>T | 9       | Prepaid expenses and deferred charges   | -                           |                |           |                 |  |
| s                | 10 a    | n Investments – U.S. and state government obligations (attach schedule)   |                             |                |           |                 |  |
|                  | Ŀ       | Investments — corporate stock (attach schedule)   |                             |                |           |                 |  |
|                  |         | : Investments — corporate bonds (attach schedule)   |                             |                |           |                 |  |
|                  |         | Investments – land, buildings, and  |                             |                |           |                 |  |
|                  |         | equipment basis  Less: accumulated depreciation   |                             |                |           |                 | <u>`</u>                                     |
|                  |         | (attach schedule)   |                             |                |           |                 |  |
|                  |         | Investments – mortgage loans  |                             |                | -+        |                 |  |
|                  |         | Investments – other (attach schedule)   |                             |                | -+        |                 |  |
|                  | 14      | Land, buildings, and equipment basis390,178.  | L                           |                |           |                 |  |
|                  |         | Less accumulated depreciation (attach schedule) L=14 Stmt $\blacktriangleright$ 16,453.                             | 379,366.                    | 373,7          | 25.       | 32              | 9,000.                                       |
|                  |         | Other assets (describe Total assets (to be completed by all filers — see the instructions Also, see page 1, item I) | 427,666.                    | 423,7          | 55.       | 37 <sup>-</sup> | 9,030.                                       |
| L                | 17      | Accounts payable and accrued expenses   | ·                           | ·              |           | -               |  |
| I<br>A           | 18      | Grants payable  |                             |                | *         | ***             |  |
| B                | 19      | Deferred revenue  |                             |                |           |                 | ,  |
| 1                | 20      | Loans from officers, directors, trustees, & other disqualified persons  |                             |                |           |                 | `  |
| ī                | 21      | Mortgages and other notes payable (attach schedule)   |                             |                |           |                 |  |
| Ţ                | 22      | Other liabilities (describe ►   | " "                         |                |           | en e            | 34   |
| Ė                |         | <u></u>   |                             |                |           | **              | ~  |
| <u> </u>         | 23      | Total liabilities (add lines 17 through 22)   |                             |                |           |                 |  |
|                  |         | Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.                  |                             |                |           |                 | ,  |
| NF               | 24      | Unrestricted  | 427,666.                    | 423,7          | 55.       |                 | :<br>  |
| EUTN             | 25      | Temporarily restricted  |                             |                |           |                 | 1  |
| D                | 26      | Permanently restricted  |                             |                |           |                 | ļ  |
| A B S A E L A    |         | Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.                               |                             |                |           | **              | *  |
| Ε̈́Γ             | 27      | Capital stock, trust principal, or current funds  |                             |                |           |                 |  |
| 5 N              | 28      | Paid-in or capital surplus, or land, building, and equipment fund   |                             |                |           |                 |  |
| O E              | 29      | Retained earnings, accumulated income, endowment, or other funds  |                             |                |           |                 | ĺ  |
| O E<br>R S       | 30      | Total net assets or fund balances (see instructions)  | 427,666.                    | 423,7          | 55.       |                 | 1  |
|                  | 31      | Total liabilities and net assets/fund balances (see instructions)   | 427,666.                    | 423,7          |           |                 |  |
| Parl             | i III . | Analysis of Changes in Net Assets or Fund Balance   |                             |                |           |                 |  |
| 1                | Total   | net assets or fund balances at beginning of year Part II, colum<br>of-year figure reported on prior year's return)  | nn (a), line 30 (must agre  | e with         | 1         | 12              | 7,666.                                       |
|                  |         | r amount from Part I, line 27a  |                             |                | 2         |                 | $\frac{7,000.}{3,911.}$                      |
|                  |         | ,   |                             | ļ              | 3         |                 | J, 311.                                      |
| -                |         | Increases not included in line 2 (itemize)  |                             | ·              | 4         |                 | 3,755.                                       |
|                  |         | ases not included in line 2 (itemize)   | •                           | ŀ              | 5         | 42              | <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> |
|                  |         | net assets or fund balances at end of year (line 4 minus line 5) -  | Part II column (b) Iran     |                | 6         |                 | 3,755.                                       |
| 6                | Total   | They assets of fully balances at end of year (line 4 minus line 5) -  | – Fart II, Column (b), line | JU             | 0         | 4 2             | J, 133.                                      |

| II ai         | (a) List and describe  | e the kind(s) of property sold (e g., rese, or common stock, 200 shares ML       | eal estate,                                   | (b) How ac<br>P — Purc<br>D — Dona | hase      | (c) Date acquired (month, day, year)                      | (d) Date sold<br>(month, day, year) |
|---------------|--|--|---|------------------------------------|-----------|---|-------------------------------------|
| 1 a           |  |  | · · · · · · · · · · · · · · · · · · ·         | D — Dona                           | ation     | <u> </u>  |                                     |
|               |  |  | <u> </u>                                      |                                    |           |   |                                     |
|               | <u></u>  |  |   |                                    |           |   |                                     |
|               |  |  |   |                                    |           |   |                                     |
| e             |  | <del>-</del>   |   |                                    |           |   |                                     |
|               | (e) Gross sales price  | (f) Depreciation allowed (or allowable)  | (g) Cost or other bas<br>plus expense of sal  |                                    |           | (h) Gain or<br>(e) plus (f) m                             |                                     |
| a             |  |  |   |                                    |           |   |                                     |
| b             | <u> </u>   |  |   |                                    |           |   |                                     |
|               |  |  |   |                                    |           |   |                                     |
|               |  |  |   |                                    |           |   |                                     |
| е             |  |  | , <u> </u>                                    |                                    |           |   |                                     |
|               |  | ng gain in column (h) and owned by   | the foundation on 12/31/69                    |                                    |           | (I) Gains (Colu   |                                     |
|               | (i) Fair Market Value<br>as of 12/31/69                          | (j) Adjusted basis<br>as of 12/31/69   | (k) Excess of column<br>over column (j), if a | (I)<br>Ty                          | g<br>th:  | gain minus column (k<br>an -0-) <b>or</b> Losses (fr<br>- | i), but not less<br>om column (h))  |
| a             |  |  |   |                                    |           |   |                                     |
| b             | ·  |  | <del></del>                                   |                                    |           |   |                                     |
|               |  |  |   |                                    |           | <del></del> _   |                                     |
| d             |  |  |   |                                    |           |   |                                     |
| е             |  |  |   |                                    |           | <del>,</del>  |                                     |
| 3             |  | If (loss), enti-   | · · ·   |                                    | 2         |   |                                     |
|               | in Part I, line 8  | e 8, column (c) (see instructions) If (I   | oss), enter -U-                               |                                    | 3         |   |                                     |
| Was<br>If 'Ye | s,' the foundation does not qual                                 | tion 4942 tax on the distributable amo   | plete this part                               | <u>'</u>                           |           | Yes   | X No                                |
|               | Base period years Calendar year (or tax year beginning in)       | n each column for each year, see the  (b)  Adjusted qualifying distributions     | (c) Net value of noncharitable-use ass        |                                    | -         | (d)<br>Distribution<br>umn (b) divided                    |                                     |
|               | 2010   | 329,140.   | 201   | 5,163.                             |           |   | 1.078571                            |
|               | 2009   | 395,108.   |   | 1,468.                             |           |   | 6.427865                            |
|               | 2008   | 96,806.  |   | 9,524.                             |           |   | 1.626336                            |
|               | 2007   | 98,600.  |   | 3,224.                             |           |   | 2.579531                            |
|               | 2006   | 30,000.  |   | 3,224.                             |           |   | 2.373331                            |
| 2             | Total of line 1, column (d)                                      | ,  |   |                                    | 2         |   | 11.712303                           |
| 3             | Average distribution ratio for th number of years the foundation | e 5-year base period – divide the tota<br>i has been in existence if less than 5 | al on line 2 by 5, or by the years            |                                    | 3         |   | 2.928076                            |
| 4             | Enter the net value of nonchari                                  | table-use assets for 2011 from Part X  | (, line 5                                     |                                    | 4         |   | 424,050.                            |
| 5             | Multiply line 4 by line 3  |  |   |                                    | 5         | 1   | ,241,651.                           |
| 6             | Enter 1% of net investment inc                                   | ome (1% of Part I, line 27b)   |   |                                    | 6         |   |                                     |
| 7             | Add lines 5 and 6  |  |   |                                    | 7         | 1   | ,241,651.                           |
| 8             | Enter qualifying distributions fro                               | om Part XII, line 4<br>nan line 7, check the box in Part VI, I                   | ing 1b, and complete that a                   | art usias                          | 8<br>3 1% | tay rate Son th   | 184,270.                            |
|               | Part VI instructions.  | ian inie 7, check the box in Fart VI, I  | me ru, and complete that p                    | art using                          | u 170     | LEA TALE SEE IN   |                                     |

|            |  | 26-15832                     |                | F        | age <b>4</b>   |
|------------|--|------------------------------|----------------|----------|----------------|
| Par        | t'VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 –   | see instruc                  | tions)         |          |                |
| 1 a        | Exempt operating foundations described in section 4940(d)(2), check here   | .                            |                |          | r              |
|            | Date of ruling or determination letter $03/23/09$ (attach copy of letter if necessary – see instrs)  |                              |                |          |                |
| b          | Domestic foundations that meet the section 4940(e) requirements in Part V,   | 1                            |                |          |                |
|            | check here ► _ and enter 1% of Part I, line 27b  |                              |                |          | İ              |
| c          | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)   |                              |                |          | į              |
| 2          | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable  |                              | ;              |          |                |
|            | foundations only Others enter -0-)   | 2                            |                |          | 0.             |
| 3          | Add lines 1 and 2  | 3                            |                |          | <u>0.</u>      |
| 4          | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)   | 4                            |                |          | 0.             |
| 5          | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-   | 5                            |                |          | <u> </u>       |
| 6          | Credits/Payments:  |                              |                |          |                |
|            | 2011 estimated tax pmts and 2010 overpayment credited to 2011  6a  |                              |                |          | i              |
|            | Exempt foreign organizations — tax withheld at source  Tax and with an instance of the organization of the |                              |                |          |                |
|            | Tax paid with application for extension of time to file (Form 8868)  6c  6c  | —                            | ,              |          | ļ              |
| _          | Backup withholding erroneously withheld [6d]  Total credits and payments. Add lines 6a through 6d  | —  <b>,</b> [-               |                |          | لـ             |
| 7<br>8     |  | 8                            |                |          |                |
| 9          | Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached.  Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed.   | ▶ 9                          |                |          | 0.             |
| 10         | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  | ► 10                         | <del>_</del>   |          | 0.             |
| 11         | Enter the amount of line 10 to be Credited to 2012 estimated tax   | ► 11                         |                |          | <del>.</del>   |
|            | t VII-A Statements Regarding Activities  |                              |                |          |                |
|            |  |                              |                | Yes      | No             |
| 1 a        | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?   |                              | 1 a            | 103      | Х              |
| b          | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?   |                              | 1 b            |          | x              |
|            | If the answer is 'Yes' to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials or distributed by the foundation in connection with the activities  | published                    | ,              |          |                |
|            | Did the foundation file Form 1120-POL for this year?   |                              | 1 c            |          | X              |
| c          | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  (1) On the foundation  (2) On foundation managers  |                              | 1              | ^ 4      | , «            |
| e          | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impose   | d on                         |                |          |                |
|            | foundation managers   \$   |                              |                |          | ļ!             |
| 2          | Has the foundation engaged in any activities that have not previously been reported to the IRS?  If 'Yes,' attach a detailed description of the activities   |                              | 2              |          | X              |
| 3          | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, artic  | eles                         | . %            | <i>.</i> |                |
| •          | of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes  | 103                          | 3              |          | _ X            |
| <b>4</b> a | Did the foundation have unrelated business gross income of \$1,000 or more during the year?  |                              | 4a             |          | Х              |
| b          | If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?  |                              | 4b             |          | X              |
| 5          | Was there a liquidation, termination, dissolution, or substantial contraction during the year?   |                              | 5              |          | X              |
|            | If 'Yes,' attach the statement required by General Instruction T.  |                              |                |          |                |
| 6          | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.  |                              |                |          |                |
|            | By language in the governing instrument, or  |                              |                | ,        |                |
|            | • By state legislation that effectively amends the governing instrument so that no mandatory directions that   | conflict                     |                |          | الــــا        |
| _          | with the state law remain in the governing instrument?   |                              | 6              | X        | -              |
| 7          |  |                              | 7              | X        | <del> </del> - |
| Вa         | Enter the states to which the foundation reports or with which it is registered (see instructions)   |                              | -              |          |                |
| _          | FL - Florida   |                              | -              |          |                |
| t          | of the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G<sup>2</sup> If 'No,' attach explanation</i>  |                              | 8b             | х        |                |
| 9          | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If 'Yes,' comp  | or 4942(j)(!<br>lete Part XI | 5) <b>9</b>    |          | X              |
| 10         | Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their   | r names                      |                |          |                |
|            | and addresses  |                              | 10             | X        | 40011          |
| BAA        |  |                              | Form <b>99</b> | W-PF     | (2011)         |

| ra  | rt 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      |                     | х        |
| 13  | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?  | 13      | X                   |          |
|     | Website address N/A  |         |                     | <b>-</b> |
| 14  | The books are in care of ► Wynne Building Corporation Telephone no ► (305)  Located at ► 12804 SW 122 Avenue Miami FL ZIP+4 ► 33186-62   |         | -31/                | 5        |
| 15  | Located at \( \text{12804} \) SW 122 Avenue \( \text{Miami} \) FL ZIP + 4 \( \text{33186-62} \) Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> - Check here   | 03      | <b>-</b> - <b>-</b> | Π-       |
|     | and enter the amount of tax-exempt interest received or accrued during the year  |         |                     |          |
| 16  | At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?  | 16      | Yes                 | No<br>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. ▶  |         |                     |          |
| Pa  | rt 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       |
| 1 a | a 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?  Yes X No   |         |                     |          |
|     | (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? Yes X No  | , §.    |                     |          |
|     | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?   Yes X No  |         |                     |          |
|     | (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)?  Yes X No  | * \$1   | м ì                 |          |
|     | (6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days )  Yes X No  | *       | . #                 | ÷        |
| 1   | b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?   | 1 b     |                     |          |
|     | Organizations relying on a current notice regarding disaster assistance check here   | ,       | , ,                 |          |
| •   | c 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?  | 1 c     |                     | x        |
| 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)):   | *9.6    | ***                 | * .      |
| ;   | a 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?  | ***     | \- \#               | *        |
|     | If 'Yes,' list the years ► 20 , 20 , 20 , 20   |         | Α.                  | 644      |
| ı   | <b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer 'No' and attach statement — see instructions )   | 2b      |                     |          |
| •   | c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here  20, 20, 20, 20  |         |                     |          |
| 3   | a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?  Yes X No   |         |                     |          |
| I   | b If '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) | 3b      |                     |          |
| _   | • • •  | 1 30    |                     |          |
| 4:  | a Did the foundation invest during the year any amount in a manner that would jeopardize its<br>charitable purposes?   | 4a      |                     | <u>X</u> |
|     | <b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?   | 4b      |                     | x        |
| BAA | A  | Form 99 | 0-PF (              | (2011)   |

| Form 990-PF (2011) Wynne Charitable  |   |  | 26-158   | 3201            | Page 6                |
|--|---|--|--|-----------------|-----------------------|
| Part VII-B Statements Regarding Activiti   |   | 1 4720 May Be Req  | uired (continued)  |                 |                       |
| 5a During the year did the foundation pay or incur<br>(1) Carry on propaganda, or otherwise attemp                       | -   | (section 4945(e))?   | ☐ Yes X  | No              |                       |
| (2) Influence the outcome of any specific publi<br>on, directly or indirectly, any voter registra                        | c election (see section   | 4955); or to carry   | □ Yes X  | No              |                       |
| (3) Provide a grant to an individual for travel,   |   | urposes?   |  | No              |                       |
| (4) Provide a grant to an organization other th in section 509(a)(1), (2), or (3), or section                            |   |  | Yes X  | No              |                       |
| (5) Provide for any purpose other than religiou<br>educational purposes, or for the prevention                           | s, charitable, scientific,<br>of cruelty to children o          | literary, or<br>r animals?   | Yes X  | No              |                       |
| b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53 4945 or in (see instructions)? | he transactions fail to qua<br>a current notice regardi         | ualify under the exceptions of the control of the c | ons  | 5b              |                       |
| Organizations relying on a current notice regar  | ding disaster assistance  | e check here   | ▶ 🗌  |                 |                       |
| c If the answer is 'Yes' to question 5a(4), does the tax because it maintained expenditure respons                       | ibility for the grant?  |  | Yes  | No              | \$ .                  |
| If 'Yes,' attach the statement required by Regu  | lations section 53.4945-  | 5(d)   |  |                 |                       |
| 6a Did the foundation, during the year, receive any on a personal benefit contract?                                      | •   |  | Yes X  |                 |                       |
| <b>b</b> Did the foundation, during the year, pay premit<br>If 'Yes' to 6b, file Form 8870                               | ims, directly or indirectl                                      | y, on a personal benefit   | contract/  | 6b              | X                     |
| 7a At any time during the tax year, was the found  |   |  |  | [               |                       |
| Part VIII Information About Officers, D  |   |  |  | 7b <br>mployees | <br>S,                |
| and Contractors  |   | · · · · · · · · · · · · · · · · · · ·  |  |                 |                       |
| 1 List all officers, directors, trustees, foundation   |   |  |  |                 | <del></del>           |
| (a) Name and address   | (b) Title, and average hours per week devoted to position       | (c) Compensation<br>(If not paid, enter -0-)   | (d) Contributions to<br>employee benefit<br>plans and deferred<br>compensation |                 | e account,<br>owances |
| Joel F. Wynne  |   |  |  |                 |                       |
| 8000 So. US 1, Suite 402   | Trustee   | _  | _  |                 |                       |
| Port St. Lucie FL 34952  | 2.00  | 0.   | 0.   | <del></del>     | 0.                    |
| Dorothy Wynne 25 Santa Maria Way   | Trustee   |  |  |                 |                       |
| Port St. Lucie FL 34952  | 2.00  | 0.   | 0.   |                 | 0.                    |
| Deena L. WYnne   |   |  |  |                 |                       |
| One Froggy Swamp Road  | Trustee   |  |  |                 |                       |
| Port St. Lucie FL 34952  | 2.00  | 0.   | 0.   |                 | 0.                    |
| See Information about Officers, Directors, Trustees, Etc.  |   |  |  |                 |                       |
|  |   | 0.   | 0.   |                 | 0.                    |
| 2 Compensation of five highest-paid employees  | Γ'  | ſ  | · · · · · · · · · · · · · · · · · · ·  |                 |                       |
| (a) Name and address of each employee paid more than \$50,000  | (b) Title, and average<br>hours per week<br>devoted to position | (c) Compensation   | (d) Contributions to<br>employee benefit<br>plans and deferred<br>compensation |                 | e account,<br>owances |
| none   |   |  | 1  |                 |                       |
| 0  |   |  |  |                 |                       |
|  |   |  |  |                 |                       |
| _0   |   |  |  |                 |                       |
| 0  | ,   |  |  |                 |                       |
| 0  |   |  |  |                 |                       |
| Total number of other employees paid over \$50,000   | <u> </u>  |  | <b>•</b>   |                 | None                  |
| BAA  | TEEA0306 1  | 2/05/11  |  | ⊦orm <b>99</b>  | <b>0-PF</b> (2011)    |

| 3 Five highest-paid independent contractors for professional services (see instru   | ictions). If none, enter 'NONE' |                          |
|---|---------------------------------|--------------------------|
| (a) Name and address of each person paid more than \$50,000   | (b) Type of service             | (c) Compensation         |
| none  | (b) Type of service             | (c) compensation         |
|   |                                 |                          |
|   |                                 |                          |
|   |                                 |                          |
|   |                                 |                          |
|   |                                 |                          |
|   |                                 |                          |
|   |                                 |                          |
|   |                                 |                          |
|   |                                 |                          |
|   |                                 |                          |
|   |                                 |                          |
|   |                                 |                          |
|   |                                 |                          |
| Total number of others receiving over \$50,000 for professional services  | <b>&gt;</b>                     | None                     |
|   |                                 |                          |
| Part IX-A Summary of Direct Charitable Activities   |                                 |                          |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical inforganizations and other beneficiaries served, conferences convened, research papers produced, etc. | ormation such as the number of  | Expenses                 |
| 1   |                                 |                          |
|   |                                 |                          |
|   |                                 |                          |
| 2   |                                 |                          |
|   |                                 |                          |
|   |                                 |                          |
| <sup>3</sup>  |                                 |                          |
|   |                                 |                          |
| Δ   |                                 |                          |
| <sup>7</sup>  |                                 |                          |
|   |                                 |                          |
| Part IX-B Summary of Program-Related Investments (see instruction   | ons)                            |                          |
| Describe the two largest program-related investments made by the foundation during t  | he tay year on lines 1 and 2    | Amount                   |
| 1   |                                 | Amount                   |
|   |                                 |                          |
|   |                                 |                          |
| 2   |                                 |                          |
|   |                                 |                          |
|   |                                 |                          |
| All other program-related investments See instructions  |                                 |                          |
| 3   |                                 |                          |
|   |                                 |                          |
| Total Add trace 1 through 2   | <b>&gt;</b>                     |                          |
| Total. Add lines 1 through 3  BAA   |                                 | Form <b>990-PF</b> (2011 |
|   |                                 |                          |

| Part:X Minimum Investment Return (All domestic foundations must complete this part. F see instructions.)   | oreign fo                             | undations, |
|--|---------------------------------------|------------|
| 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes a Average monthly fair market value of securities                              | <i>*</i>                              |            |
| <b>b</b> Average of monthly cash balances  | 1 b                                   | 78,458.    |
| c Fair market value of all other assets (see instructions)   | 1 c                                   | 352,050.   |
| d Total (add lines 1a, b, and c)   | 1 d                                   | 430,508.   |
| e Reduction claimed for blockage or other factors reported on lines 1a and 1c  |                                       |            |
| (attach detailed explanation) 1 e  |                                       |            |
| 2 Acquisition indebtedness applicable to line 1 assets   | 2                                     |            |
| 3 Subtract line 2 from line 1d   | 3                                     | 430,508.   |
| 4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)   | 4                                     | 6,458.     |
| 5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4  | 5                                     | 424,050.   |
| 6 Minimum investment return. Enter 5% of line 5  | 6                                     | 21,203.    |
| Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private oper  | rating fou                            |            |
| and certain foreign organizations check here ► and do not complete this part.)   | _                                     |            |
| 1 Minimum investment return from Part X, line 6  | 1                                     | 21,203.    |
| 2a Tax on investment income for 2011 from Part VI, line 5  |                                       |            |
| <b>b</b> 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                                     | 21,203.    |
| 4 Recoveries of amounts treated as qualifying distributions  | 4                                     |            |
| 5 Add lines 3 and 4  | 5                                     | 21,203.    |
| 6 Deduction from distributable amount (see instructions)   | 6                                     |            |
| 7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1   | 7                                     | 21,203.    |
| Part XII Qualifying Distributions (see instructions)   | 1.                                    |            |
| 1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes   | ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ | 104 070    |
| a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26   | 1a                                    | 184,270.   |
| <ul> <li>b Program-related investments — total from Part IX-B</li> <li>Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes</li> </ul> | 1 b                                   |            |
|  |                                       |            |
| 3 Amounts set aside for specific charitable projects that satisfy the: <ul> <li>a Suitability test (prior IRS approval required)</li> </ul>  | 3a                                    |            |
| <b>b</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                                     | 184,270.   |
| 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 (see instructions)                                      | 5                                     | 0.         |
| 6 Adjusted qualifying distributions. Subtract line 5 from line 4   | 6                                     | 184,270.   |
| Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether qualifies for the section 4940(e) reduction of tax in those years.             | the foundat                           | ion        |

BAA Form 990-PF (2011)

### Part XIII Undistributed Income (see instructions)

| •  | (a)<br>Corpus                         | (b)<br>Years prior to 2010            | <b>(c)</b><br>2010 | <b>(d)</b><br>2011                      |
|--|---------------------------------------|---------------------------------------|--------------------|---|
| 1 Distributable amount for 2011 from Part XI, line 7   |                                       |                                       |                    | 21 202                                  |
| 2 Undistributed income, if any, as of the end of 2011.   |                                       |                                       |                    | 21,203.                                 |
| a Enter amount for 2010 only   |                                       |                                       | 15,258.            |   |
| <b>b</b> Total for prior years 20, 20, 20  |                                       |                                       | 20,200.            | - · · · · · · · · · · · · · · · · · · · |
| 3 Excess distributions carryover, if any, to 2011  |                                       |                                       |                    |   |
| a From 2006 0 .  |                                       | *                                     |                    |   |
| <b>b</b> From 2007 98,600.   |                                       |                                       |                    |   |
| <b>c</b> From 2008 91,919.   |                                       |                                       |                    |   |
| <b>d</b> From 2009 379,344.  |                                       | ,                                     |                    |   |
| e From 2010 301,094.   |                                       |                                       |                    |   |
| f Total of lines 3a through e  | 870,957.                              |                                       |                    |   |
| 4 Qualifying distributions for 2011 from Part  |                                       |                                       | *                  | ·                                       |
| XII, line 4  \$ 184,270.   |                                       | •                                     | 15 050             |   |
| a Applied to 2010, but not more than line 2a   | ٤.                                    |                                       | 15,258.            |   |
| <b>b</b> Applied to undistributed income of prior years (Election required — see instructions) | · · · · · · · · · · · · · · · · · · · |                                       |                    |   |
| c Treated as distributions out of corpus (Election required — see instructions)                |                                       | · · · · · · · · · · · · · · · · · · · |                    |   |
| d Applied to 2011 distributable amount   |                                       |                                       |                    | 21,203.                                 |
| e Remaining amount distributed out of corpus   | 147,809.                              | 1.0                                   |                    |   |
| 5 Excess distributions carryover applied to 2011   |                                       | ₩.                                    | 2                  |   |
| (If an amount appears in column (d), the<br>same amount must be shown in column (a) )          | ,                                     |                                       |                    |   |
| came amount must be shown in column (a)  |                                       | ,                                     | * ×                | ×4.                                     |
| 6 Enter the net total of each column as  |                                       |                                       | •                  | *,                                      |
| indicated below:   | <u> </u>                              | **                                    | *                  |   |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5  | 1,018,766.                            | ,                                     |                    |   |
| <b>b</b> Prior years' undistributed income Subtract line 4b from line 2b                       | *                                     | 0.                                    | ***                | ***                                     |
| c Enter the amount of prior years' undistribut-  | . ,                                   |                                       |                    | ,                                       |
| ed income for which a notice of deficiency has been issued, or on which the section            |                                       |                                       | * / <b>*</b>       | <br>  %*                                |
| 4942(a) tax has been previously assessed   | ``                                    |                                       |                    | *                                       |
| d Subtract line 6c from line 6b Taxable  |                                       |                                       |                    |   |
| amount - see instructions  |                                       | 0.                                    | * **               |   |
| e Undistributed income for 2010 Subtract line 4a from  |                                       |                                       |                    | ;<br>                                   |
| line 2a Taxable amount — see instructions  |                                       |                                       | 0.                 |   |
| f Undistributed income for 2011, Subtract lines  | * *                                   |                                       |                    |   |
| 4d and 5 from line 1 This amount must be distributed in 2012                                   |                                       |                                       |                    | 0                                       |
| 7 Amounts treated as distributions out of  |                                       |                                       |                    | 0.                                      |
| corpus to satisfy requirements imposed   |                                       | `                                     |                    |   |
| by section 170(b)(1)(F) or 4942(g)(3)<br>(see instructions)                                    |                                       |                                       |                    |   |
| ,  |                                       |                                       |                    |   |
| 8 Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions)  | 0.                                    |                                       |                    |   |
| 9 Excess distributions carryover to 2012.<br>Subtract lines 7 and 8 from line 6a               | 1,018,766.                            |                                       |                    |   |
| 10 Analysis of line 9  | •                                     |                                       |                    |   |
| <b>a</b> Excess from 2007 98,600.  |                                       |                                       |                    |   |
| <b>b</b> Excess from 2008 91, 919.   |                                       |                                       |                    | i<br>I                                  |
| <b>c</b> Excess from 2009 379, 344.  |                                       |                                       |                    |   |
| <b>d</b> Excess from 2010 301,094.   |                                       |                                       |                    |   |
| e Excess from 2011 147, 809.   |                                       |                                       |                    |   |

| Form 990-PF (2011) Wynne Charitable Part-XIV Private Operating Foundat  |   | uctions and Part                             | · VII A guestion                           | 26-158320               | 1 Page 10<br>N/A          |
|---|---|--|--|-------------------------|---------------------------|
| 1a If the foundation has received a ruling or do is effective for 2011, enter the date of the r   | etermination letter                     |  |  |                         | N/A                       |
| <b>b</b> Check pox to indicate whether the foundation   | •                                       | rating foundation des                        | scribed in section                         | 4942(j)(3) or           | 4942(J)(5)                |
| 2a Enter the lesser of the adjusted net   | Tax year                                |  | Prior 3 years                              |                         | 75 12 07 (57              |
| income from Part I or the minimum<br>investment return from Part X for<br>each year listed  | (a) 2011                                | <b>(b)</b> 2010                              | (c) 2009                                   | (d) 2008                | (e) Total                 |
| <b>b</b> 85% of line 2a   |   |  |  |                         |                           |
| c Qualifying distributions from Part XII,<br>line 4 for each year listed  |   |  |  |                         |                           |
| d Amounts included in line 2c not used directly for active conduct of exempt activities   |   |  |  |                         |                           |
| <ul> <li>Qualifying distributions made directly<br/>for active conduct of exempt activities.<br/>Subtract line 2d from line 2c</li> </ul>   |   |  |  |                         |                           |
| 3 Complete 3a, b, or c for the alternative test relied upon:  |   |  |  |                         |                           |
| a 'Assets' alternative test — enter   |   |  |  |                         |                           |
| <ul><li>(1) Value of all assets</li><li>(2) Value of assets qualifying under section 4942(j)(3)(B)(i)</li></ul>   |   |  |  |                         |                           |
| b 'Endowment' alternative test — enter 2/3 of<br>minimum investment return shown in Part X,<br>line 6 for each year listed  |   |  |  |                         |                           |
| c 'Support' alternative test - enter  |   |  |  |                         |                           |
| <ol> <li>Total support other than gross<br/>investment income (interest,<br/>dividends, rents, payments<br/>on securities loans (section<br/>512(a)(5)), or royalties)</li> </ol> |   |  |  |                         |                           |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942()(3)(B)(iii)   |   |  |  |                         |                           |
| (3) Largest amount of support from<br>an exempt organization  |   |  |  |                         |                           |
| (4) Gross investment income   |   |  |  |                         |                           |
| Part XV Supplementary Information assets at any time during th  |   |  | organization ha                            | ad \$5,000 or mo        | re in                     |
| Information Regarding Foundation Manag     a List any managers of the foundation who had close of any tax year (but only if they have see schedule B, attached                    | ers:                                    | re than 2% of the to                         | tal contributions rec<br>ection 507(d)(2)) | eived by the foundat    | cion before the           |
|   |   |  |  |                         |                           |
| b List any managers of the foundation who of<br>a partnership or other entity) of which the f<br>none   | wn 10% or more of<br>oundation has a 10 | the stock of a corpo<br>% or greater interes | oration (or an equall<br>t.                | y large portion of the  | e ownership of            |
|   |   |  |  |                         |                           |
| 2 Information Regarding Contribution, Gran Check here  X if the foundation only m requests for funds. If the foundation makes complete items 2a, b, c, and d.                     | akes contributions                      | to preselected chari                         | table organizations                        | and does not accept     | t unsolicited conditions, |
| a The name, address, and telephone number   | of the person to w                      | hom applications sh                          | ould be addressed                          |                         |                           |
| <b>b</b> The form in which applications should be s   | ubmitted and inforr                     | nation and materials                         | they should include                        | e.                      |                           |
| c Any submission deadlines  | ···                                     |  |  |                         |                           |
| d Any restrictions or limitations on awards, s  | uch as by geograph                      | nical areas, charitab                        | le fields, kinds of in:                    | stitutions, or other fa | ectors:                   |
|   |   |  |  |                         |                           |
| BAA   | TE                                      | EEA0310 07/14/11                             |  | ı                       | Form <b>990-PF</b> (2011) |

Form 990-PF (2011) Wynne Charitable Foundation

Part:XV | Supplementary Information (continued)

Grants and Contributions Paid During the Year or Approved

| 3 Grants and Contributions Paid During the Yea | r or Approved for Futu  | re Payment |                                  |          |
|--|---|------------|----------------------------------|----------|
| Recipient                                      | If recipient is an individual,<br>show any relationship to<br>any foundation manager or | status of  | Purpose of grant or contribution | Amount   |
| Name and address (home or business)            | substantial contributor   | recipient  |                                  |          |
| a Paid during the year                         |   |            |                                  |          |
| A. E. Backus Museum                            |   |            |                                  |          |
| 500 North Indian River Drive                   |   | public     |                                  |          |
| Fort Pierce FL 34950                           |   | charity    | general support                  | 300.     |
| Allegheny College                              |   |            |                                  |          |
| 520 N. Main Street                             |   |            |                                  | 10.00    |
| Meadville PA 16335                             |   | University | general support                  | 10,000.  |
| American Cancer Society                        |   | , , .      |                                  |          |
| 3709 West Jetton Avenue                        |   | public     |                                  | 200      |
| Tampa FL 33629 American Heart Association      |   | Charity    | general support                  | 200.     |
| 7272 Greenville Avenue                         |   | public     |                                  |          |
| Dallas TX 75231                                |   | 1-         | general support                  | 200.     |
| American Jewish World Service                  |   | Charty     | deneral support                  | 200.     |
| 45 W. 36 Street                                |   | Public     |                                  |          |
| New York NY 10018                              |   | 1          | general support                  | 400.     |
| American Lung Association                      |   | Charley    |                                  | 400.     |
| 61 Broadway, 6th floor                         |   | public     |                                  |          |
| New York NY 10006                              |   | 1-         | general support                  | 100.     |
| American Red Cross                             |   |            | general support                  | 100.     |
| 2506 - 17th ave.                               |   | public     |                                  |          |
| Vero Beach FL 32960                            |   | 1-         | general support                  | 100.     |
| Big Brothers Big Sisters                       |   |            | Jones Copper                     |          |
| 125 North 2nd Street                           |   | public     |                                  |          |
| Fort Pierce FL 34950                           |   | 1-         | general support                  | 250.     |
| Boys and Girls Club                            |   |            |                                  |          |
| 607 North 7th Street, Suite #1                 |   | public     |                                  |          |
| Fort Pierce FL 34950                           |   | charity    | general support                  | 100.     |
| See Line 3a statement                          |   |            |                                  |          |
|  |   |            |                                  |          |
|  |   |            |                                  | 172,620. |
|  |   |            |                                  |          |
|  |   |            |                                  |          |
|  |   |            | <u> </u>                         | 104 070  |
| Total  |   | T          | <u>▶ 3a</u>                      | 184,270. |
| <b>b</b> Approved for future payment           |   |            |                                  |          |
|  |   |            |                                  |          |
|  |   |            |                                  |          |
|  |   |            |                                  |          |
|  |   |            |                                  |          |
|  |   |            |                                  |          |
|  |   |            |                                  |          |
|  |   |            |                                  |          |
|  |   |            |                                  |          |
|  |   |            |                                  |          |
|  |   |            |                                  |          |
|  |   |            |                                  |          |
|  |   |            |                                  |          |
|  |   |            |                                  |          |
|  |   |            |                                  |          |
|  |   |            |                                  |          |
|  |   |            |                                  |          |
| Total  |   |            | ► 3b                             |          |

### Part XVI-A Analysis of Income-Producing Activities

| Enter gross                                    | amounts unless otherwise indicated  | Unrelat                 | ed business income   | Exclude               | d by section 512, 513, or 514            | , ,  |
|--|---|-------------------------|----------------------|-----------------------|--|--|
|  |   | (a)<br>Business<br>code | <b>(b)</b><br>Amount | (c)<br>Exclu-<br>sion | (d)<br>Amount                            | (e) Related or exempt function income (See instructions) |
|  | am service revenue  |                         |                      | code                  |  |  |
|  | ······································  | <del> </del>            |                      |                       |  |  |
|  | <del> </del>  | ļ <del>.</del>          |                      | -                     |  |  |
|  |   |                         |                      | <del> </del>          |  |  |
|  |   | <del> </del>            |                      |                       |  |  |
| ·  | <del>_</del> .  | +                       |                      |                       |  |  |
| n Fees   | and contracts from government agencies  | <del>  -</del>          |                      |                       | ·-                                       |  |
| -  | pership dues and assessments  |                         |                      |                       |  |  |
|  | t on savings and temporary cash investments   |                         |                      |                       |  |  |
|  | ends and interest from securities   |                         |                      |                       |  |  |
| 5 Net re                                       | ental income or (loss) from real estate   | 77-1                    | 4 F. La 10 W.        | 100 E                 | * C. * * * * * * * * * * * * * * * * * * |  |
|  | financed property   |                         |                      |                       |  |  |
|  | ebt-financed property   |                         |                      |                       |  |  |
| 6 Net rer                                      | ntal income or (loss) from personal property  |                         |                      |                       |  |  |
| 7 Other  | investment income   |                         |                      |                       |  |  |
| 8 Gain or                                      | (loss) from sales of assets other than inventory  |                         |                      |                       | _  |  |
| 9 Net in                                       | ncome or (loss) from special events   |                         |                      |                       |  |  |
| 10 Gross                                       | s profit or (loss) from sales of inventory  |                         |                      | Į.                    |  | -  |
| 11 Other                                       | revenue   | 37,77,78,30             | 1                    | 激烈的                   |  |  |
|  |   |                         | <u>-</u>             |                       |  |  |
|  |   | ļ                       |                      |                       |  | ····   |
| _  |   |                         |                      |                       |  |  |
|  |   |                         |                      |                       |  |  |
| е  |   |                         |                      | 1.3%                  |  |  |
| 10 0.11  |   |                         | 1                    |                       |  |  |
|  | otal Add columns (b), (d), and (e)  | \$ 5, 2                 | <u> </u>             | * "%" <               | 13                                       |  |
| 13 Total                                       | . Add line 12, columns (b), (d), and (e)  |                         | <u> </u>             | ****                  | 13                                       |  |
| 13 Total<br>(See works                         | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation                                       | ons )                   |                      | 1                     |  |  |
| 13 Total<br>(See works                         | . Add line 12, columns (b), (d), and (e)  | ons )                   | ishment of Exemp     | 1                     |  |  |
| 13 Total<br>(See works<br>Part XVI<br>Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation.  B Relationship of Activities to the | ons)                    | <u> </u>             | t Purp                | oses                                     | y to the   |
| 13 Total<br>See works<br>Part XVI              | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation                                       | ons)                    | <u> </u>             | t Purp                | oses                                     | y to the<br>structions )                                 |
| 13 Total<br>(See works<br>Part XVI<br>Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation.  B Relationship of Activities to the | ons)                    | <u> </u>             | t Purp                | oses                                     | y to the<br>structions )                                 |
| 13 Total<br>(See works<br>Part XVI<br>Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation.  B Relationship of Activities to the | ons)                    | <u> </u>             | t Purp                | oses                                     | y to the<br>structions )                                 |
| 13 Total<br>(See works<br>Part XVI<br>Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation.  B Relationship of Activities to the | ons)                    | <u> </u>             | t Purp                | oses                                     | y to the<br>structions)                                  |
| 13 Total<br>See works<br>Part XVI<br>Line No.  | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation.  B Relationship of Activities to the | ons)                    | <u> </u>             | t Purp                | oses                                     | y to the<br>structions)                                  |
| 13 Total<br>See works<br>Part XVI<br>Line No.  | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation.  B Relationship of Activities to the | ons)                    | <u> </u>             | t Purp                | oses                                     | y to the<br>structions )                                 |
| 13 Total<br>See works<br>Part XVI<br>Line No.  | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation.  B Relationship of Activities to the | ons)                    | <u> </u>             | t Purp                | oses                                     | y to the<br>structions )                                 |
| 13 Total<br>See works<br>Part XVI<br>Line No.  | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation.  B Relationship of Activities to the | ons)                    | <u> </u>             | t Purp                | oses                                     | y to the structions)                                     |
| 13 Total<br>See works<br>Part XVI<br>Line No.  | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation.  B Relationship of Activities to the | ons)                    | <u> </u>             | t Purp                | oses                                     | y to the<br>structions)                                  |
| 13 Total<br>See works<br>Part XVI<br>Line No.  | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation.  B Relationship of Activities to the | ons)                    | <u> </u>             | t Purp                | oses                                     | y to the istructions )                                   |
| 13 Total<br>(See works<br>Part XVI<br>Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation.  B Relationship of Activities to the | ons)                    | <u> </u>             | t Purp                | oses                                     | y to the structions )                                    |
| 13 Total<br>(See works<br>Part XVI<br>Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation.  B Relationship of Activities to the | ons)                    | <u> </u>             | t Purp                | oses                                     | y to the structions )                                    |
| 13 Total<br>(See works<br>Part XVI<br>Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation.  B Relationship of Activities to the | ons)                    | <u> </u>             | t Purp                | oses                                     | y to the structions )                                    |
| 13 Total<br>(See works<br>Part XVI<br>Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation.  B Relationship of Activities to the | ons)                    | <u> </u>             | t Purp                | oses                                     | y to the structions)                                     |
| 13 Total<br>(See works<br>Part XVI<br>Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation.  B Relationship of Activities to the | ons)                    | <u> </u>             | t Purp                | oses                                     | y to the structions)                                     |
| 13 Total<br>(See works<br>Part XVI<br>Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation.  B Relationship of Activities to the | ons)                    | <u> </u>             | t Purp                | oses                                     | y to the structions )                                    |
| 13 Total<br>(See works<br>Part XVI<br>Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation.  B Relationship of Activities to the | ons)                    | <u> </u>             | t Purp                | oses                                     | y to the structions )                                    |
| 13 Total<br>(See works<br>Part XVI<br>Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation.  B Relationship of Activities to the | ons)                    | <u> </u>             | t Purp                | oses                                     | y to the structions )                                    |
| 13 Total<br>(See works<br>Part XVI<br>Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation.  B Relationship of Activities to the | ons)                    | <u> </u>             | t Purp                | oses                                     | y to the structions )                                    |
| 13 Total<br>(See works<br>Part XVI<br>Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation.  B Relationship of Activities to the | ons)                    | <u> </u>             | t Purp                | oses                                     | y to the structions)                                     |
| 13 Total<br>(See works<br>Part XVI<br>Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation.  B Relationship of Activities to the | ons)                    | <u> </u>             | t Purp                | oses                                     | y to the structions)                                     |
| 13 Total<br>(See works<br>Part XVI<br>Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation.  B Relationship of Activities to the | ons)                    | <u> </u>             | t Purp                | oses                                     | y to the structions )                                    |
| 13 Total<br>(See works<br>Part XVI<br>Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation.  B Relationship of Activities to the | ons)                    | <u> </u>             | t Purp                | oses                                     | y to the structions)                                     |

# Form 990-PF (2011) Wynne Charitable Foundation 26-1583201 Part:XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

|                 | <u>_</u>   |                          |  |                            |                                      |                        |  |
|-----------------|--|--------------------------|--|----------------------------|--------------------------------------|------------------------|--|
| descr           | ne organization direc<br>ibed in section 501(ong to political organi     | c) of the Code (of       | ngage in any of the following w<br>ther than section 501(c)(3) orga                                | ith any oth<br>anizations) | er organization<br>or in section 527 | ,                      | Yes No                                   |
| <b>a</b> Trans  | fers from the reporti  | ng foundation to         | a noncharitable exempt organi  | zation of                  |                                      |                        |  |
| <b>(1)</b> C    | ash  |                          |  |                            |                                      |                        | 1a (1) X                                 |
| <b>(2)</b> O    | ther assets  |                          |  |                            |                                      |                        | 1a (2) X                                 |
| <b>b</b> Other  | transactions   |                          |  |                            |                                      |                        | 2.5                                      |
| <b>(1)</b> S    | ales of assets to a n  | oncharitable exe         | mpt organization   |                            |                                      |                        | 1b(1) X                                  |
| <b>(2)</b> P    | urchases of assets f   | rom a noncharita         | ible exempt organization   |                            |                                      |                        | 1 b (2) X                                |
| <b>(3)</b> R    | ental of facilities, eq  | juipment, or othe        | r assets   |                            |                                      |                        | 1 b (3) X                                |
| <b>(4)</b> R    | eimbursement arran   | gements                  |  |                            |                                      |                        | 1b (4) X                                 |
| <b>(5)</b> Lo   | oans or loan guaran  | tees                     |  |                            |                                      |                        | 1 b (5) X                                |
| <b>(6)</b> P    | erformance of service  | es or membersh           | ip or fundraising solicitations  |                            |                                      |                        | 1 b (6) X                                |
| <b>c</b> Sharıı | ng of facilities, equip  | ment, mailing lis        | sts, other assets, or paid emplo   | yees                       |                                      |                        | 1c X                                     |
| the go          | oods, other assets, c  | or services given        | complete the following schedul<br>by the reporting foundation If<br>how in column (d) the value of | he foundat                 | ion received less                    | than fair market       | value in                                 |
| (a) Line no.    | (b) Amount involved  |                          | of noncharitable exempt organization   |                            |                                      |                        | sharing arrangements                     |
|                 |  |                          |  |                            |                                      |                        |  |
|                 |  |                          |  |                            |                                      |                        |  |
|                 |  |                          |  |                            |                                      |                        |  |
|                 |  |                          |  |                            |                                      |                        |  |
|                 |  |                          |  |                            |                                      |                        |  |
|                 |  |                          |  |                            |                                      |                        |  |
|                 |  |                          |  |                            |                                      |                        |  |
|                 |  |                          |  |                            |                                      |                        |  |
|                 |  |                          |  |                            |                                      |                        |  |
|                 |  |                          |  |                            |                                      |                        |  |
|                 |  |                          |  |                            | ·                                    | ··                     |  |
|                 |  |                          |  |                            |                                      | ·                      |  |
|                 |  |                          |  |                            |                                      |                        |  |
|                 |  |                          |  |                            |                                      |                        |  |
|                 |  |                          |  |                            |                                      |                        |  |
|                 |  |                          |  |                            |                                      |                        |  |
| descr           | foundation directly or ibed in section 501 (os.,' complete the follows.' | c) of the Code (of       | ated with, or related to, one or<br>ther than section 501(c)(3)) or                                | more tax-e<br>In section 5 | xempt organizatio<br>527?            | ons                    | Yes X No                                 |
| <u> </u>        | (a) Name of organiz  |                          | (b) Type of organizati   | OD                         | (c)                                  | Description of re      | lationship                               |
|                 | (a) Name of organiz  | Lation                   | (a) Type of organizati   | 011                        | (6)                                  | Description of re      | id (10113111)                            |
|                 |  |                          |  |                            | ···                                  | •                      |  |
|                 |  |                          | 1  |                            |                                      |                        |  |
|                 |  |                          |  |                            |                                      |                        |  |
|                 |  |                          |  |                            |                                      |                        |  |
| Und             | er penalties of perjuty, I de  | eclare/that I have exar  | nined this return, including accompanying  | g schedules ar             | nd statements, and to                | the best of my knowled | ige and belief, it is true,              |
|                 | ect, and complete Peclara  | ation/offpreparer (other | mined this return, including accompanying than taxpayer) is based on all information.              | on of which pr             | eparer has any knowle                | edge                   |  |
| Sign            | $\Lambda$ $\sim$   |                          | 1, 2/1   | 1100                       |                                      |                        | May the IRS discuss this return with the |
|                 | × ///  | $\rightarrow$            | <u> </u>   | <u> </u>                   | <b>&lt;</b>                          |                        | preparer shown below (see instructions)? |
| Sı              | ignature of officer or truste  |                          | Date   | T                          | itle                                 |                        | Yes No                                   |
|                 | Print/Type preparer's  |                          | Preparer's Signature   |                            | Date                                 | Check X if             | PTIN                                     |
| Paid            | Alfredo Ca   | amacho, CPA              |  | KW                         | 01/31/13                             | self-employed          | P00058209                                |
| Preparer        | Firm's name  | Alfredo C                | amacho, CPA  |                            | 1                                    | Firm's EIN ►           |  |
| Use Only        |  | 12804 SW                 | 122 Avenue   |                            |                                      |                        |  |
|                 |  | Miami                    | <u> </u>   | FL 33                      | 186-6203                             | Phone no (305          | 5) 235-3175                              |
| BAA             |  |                          |  |                            |                                      |                        | Form <b>990-PF</b> (2011)                |

#### 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   |  |  |
|--|--|--|--|
| Wynne Charitable Four  | ndation  | 26-1583201   |  |
| Organization type (check one)  |  | ·  |  |
| Filers of:   | Section:   |  |  |
| Form 990 or 990-EZ   | 501(c)() (enter number) organization   |  |  |
|  | 4947(a)(1) nonexempt charitable trust <b>not</b> t   | treated as a private foundation  |  |
|  | 527 political organization   |  |  |
| Form 990-PF  | X 501(c)(3) exempt private foundation  |  |  |
|  | 4947(a)(1) nonexempt charitable trust treat  | ted as a private foundation  |  |
|  | 501(c)(3) taxable private foundation   |  |  |
| Check if your organization is cover <b>Note.</b> Only a section 501(c)(7), (8) | red by the <b>General Rule</b> or a <b>Special Rule</b> .  o, or (10) organization can check boxes for both the General R  | Rule and a Special Rule See instructions   |  |
| General Rule   |  |  |  |
| X For an organization filing Form contributor (Complete Parts I a              | i 990, 990-EZ, or 990-PF that received, during the year, \$5,00 and II)  | 00 or more (in money or property) from any one                                     |  |
| Special Rules  |  |  |  |
| $\overline{}$ 509(a)(1) and 170(b)(1)(A)(vi).                                  | zation filing Form 990 or 990-EZ that met the 33-1/3% support, and received from any one contributor, during the year, a corm 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete   | ntribution of the greater of (1) \$5,000 or  |  |
| total contributions of more than   | (10) organization filing Form 990 or 990-EZ that received from \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, ldren or animals. Complete Parts I, II, and III   | m any one contributor, during the year,<br>, literary, or educational purposes, or |  |
| If this box is checked, enter he   | (10) organization filing Form 990 or 990-EZ that received from<br>ly for religious, charitable, etc, purposes, but these contributions the total contributions that were received during the year for<br>of the parts unless the <b>General Rule</b> applies to this organization. | or an <i>exclusively</i> religious, charitable, etc.                               |  |
|  | ibutions of \$5,000 or more during the year  | <b>►</b> \$  |  |
| 990-PF) but it must answer 'No' or   | ot covered by the General Rule and/or the Special Rules does<br>n Part IV, line 2, of its Form 990, or check the box on line H of<br>s not meet the filing requirements of Schedule B (Form 990, 9   | f its Form 990-EZ or on Part I, line 2, of its                                     |  |
| BAA For Paperwork Reduction A 990EZ, or 990-PF.                                | ct Notice, see the Instructions for Form 990,  | Schedule <b>B</b> (Form 990, 990-EZ, or 990-PF) (2011)                             |  |

| Schedule      | <b>B</b> (Form 990, 990-EZ, or 990-PF) (2011)                                   | Page                          | 1 of 1 of <b>Part 1</b>   |
|---------------|---|-------------------------------|---|
| Name of org   | anization   | Employer                      | identification number   |
|               | Charitable Foundation   | · · · · ·                     | 83201   |
| Part I        | Contributors (see instructions) Use duplicate copies of Part I if additional sp | ace is needed                 |   |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total<br>contributions | (d) Type of contribution  |
| 1             | Joel F. Wynne<br>8000 South U. S, 1, Suite 402                                  | \$ 100,000.                   | Person X<br>Payroll   |
|               | Port Saint LucieFL 34952  |                               | (Complete Part II if there is a noncash contribution )                          |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
| 2             | Wynne Building Corporation  12804 Sw 122 Avenue  Miami FL 33186                 | \$86,000.                     | Person X Payroll Noncash  (Complete Part II if there is a noncash contribution) |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
|               |   | \$                            | Person Payroll Noncash (Complete Part II if there is a noncash contribution)    |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total<br>contributions | (d) Type of contribution  |
|               |   | \$                            | Person Payroll Noncash  (Complete Part II if there is a noncash contribution)   |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
|               |   | \$                            | Person Payroll Noncash (Complete Part II if there is a noncash contribution)    |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total<br>contributions | (d) Type of contribution  |
| <del></del>   | <br>  |                               | Person Payroll  |

(Complete Part II if there is a noncash contribution.)

### · Form 4562

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

OMB No 1545-0172

2011

Attachment Sequence No 179

Department of the Treasury Internal Revenue Service (99)

Wynne Charitable Foundation

Business or activity to which this form relates

Identifying number 26–1583201

| For  | rm 990-PF page 1  |   |   |                     |             |            |                    |          |                  |
|------|---|---|---|---------------------|-------------|------------|--------------------|----------|------------------|
| Pai  | t I Election To Ex  | pense Certain F   | Property Under Sec                                | ction 179           |             |            |                    |          |                  |
|      | Note: If you have a   | ny listed property, d   | complete Part V before                            | you complete P      | art I       |            |                    |          | <u>,</u>         |
| 1    | Maximum amount (see ins   | •   |   |                     |             |            |                    | 1        |                  |
| 2    | Total cost of section 179 p                                       | cost of section 179 property placed in service (see instructions) |   |                     |             |            |                    | 2        |                  |
| 3    | Threshold cost of section   | 179 property before   | reduction in limitation (                         | (see instructions   | s)          |            |                    | 3        |                  |
| 4    | Reduction in limitation. Su                                       | ubtract line 3 from li  | ne 2 If zero or less, en                          | ter -0-             |             |            |                    | 4        |                  |
| 5    | separately, see instructions                                      |   |   |                     |             |            |                    | 5        |                  |
| 6    | (a  | Description of property   | ·   | (b) Cost (busine    | ss use on   | ily) (     | (C) Elected co     | st       |                  |
|      |   |   |   |                     |             |            |                    |          |                  |
|      | ···   |   | 17212313  | <u> </u>            |             |            |                    |          |                  |
| 7    | Listed property Enter the   |   |   |                     |             | 7          |                    |          |                  |
| 8    | Total elected cost of section                                     |   |   | ), lines 6 and 7    |             |            |                    | 8        | <u> </u>         |
| 9    |   |   |   |                     |             |            | 9                  | <u> </u> |                  |
| 10   | ,   |   |   |                     |             |            | 10                 |          |                  |
| 11   |   |   |   |                     |             | e 5 (see   | instrs)            | 11       |                  |
| 12   | Section 179 expense dedu  |   |   |                     | <b>▶</b> 1: | <u> </u>   |                    | 12       |                  |
|      | Carryover of disallowed de<br>Do not use Part II or Part          |   |   |                     |             | 3          |                    |          |                  |
|      |   |   |   |                     |             | ala laska  | I                  | <b>6</b> |                  |
| rai  | t II :   Special Deprec   | Jation Allowant   | se and Other Depre                                | eciation (Do r      | iot incil   | ude listed | property )         | (See     | Instructions )   |
| 14   | Special depreciation allow tax year (see instructions)            |   | roperty (other than liste                         | d property) plac    | ced in s    | ervice di  | uring the          | 14       |                  |
| 15   | Property subject to section                                       | n 168(f)(1) election  |   |                     |             |            |                    | 15       |                  |
| 16   | Other depreciation (includ  | ing ACRS)   |   |                     |             |            |                    | 16       |                  |
| Pai  | t。III。 MACRS Depre  | ciation (Do not in  | clude listed property ) (                         | See instructions    | ; )         |            |                    |          |                  |
|      | • • •   |   | Section   |                     |             |            |                    |          |                  |
| 17   | MACRS deductions for ass  | sets placed in servi  | ce in tax years beginnin                          | g before 2011       |             |            |                    | 17       | 5,641.           |
| 18   | If you are electing to group asset accounts, check her            | p any assets placed   | I in service during the ta                        | ax year into one    | or mor      | e genera   | al ► □             | 44 4     |                  |
|      | -   |   | in Service During 2011                            | Tax Year Using      | the Ge      | neral De   | preciation         | Svste    | ·m               |
|      | (a)   | (b) Month and   | (c) Basis for depreciation                        | (d)                 |             | (e)        | (f)                |          | (g) Depreciation |
|      | Classification of property  | year placed<br>in service   | (business/investment use only — see instructions) | Recovery period     | Cor         | rvention   | Method             | <u> </u> | deduction        |
|      | 3-year property   | -16   |   |                     | -           |            |                    |          | ļ                |
|      | 5-year property   | 4   |   |                     |             |            |                    |          |                  |
|      | : 7-year property   |   |   |                     | _           |            |                    |          |                  |
| •    | 10-year property  |   |   |                     |             |            |                    |          |                  |
|      | 15-year property  | <b>-</b>  ;   |   |                     | <u> </u>    |            |                    |          |                  |
|      | 20-year property  |   |   |                     |             |            |                    |          |                  |
| 9    | 25 year property  | ~ ¥   |   | 25 yrs              |             |            | S/L                |          |                  |
| ł    | n Residential rental  |   |   | 27.5 yrs            |             | MM         | S/L                | <u> </u> |                  |
|      | property  |   |   | 27.5 yrs            |             | MM         | S/L                | ı        |                  |
| i    | Nonresidential real   |   |   | 39 yrs              |             | MM         | S/L                |          |                  |
|      | property  |   |   |                     |             | MM         | S/L                | 1        |                  |
|      | Section C   | <ul> <li>Assets Placed in</li> </ul>                              | Service During 2011 Ta                            | ax Year Using t     | he Alte     | rnative [  | <b>Depreciatio</b> | n Sys    | tem              |
| 20 a | 20 a Class life S/L   |   |   |                     |             |            |                    |          |                  |
| t    | <b>b</b> 12-year 12 yrs S/L                                       |   |   |                     |             |            |                    |          |                  |
|      | <b>c</b> 40-year 40 yrs MM S/L                                    |   |   |                     |             |            |                    |          |                  |
| _    | t IV Summary (See I   | nstructions)  |   |                     |             |            | · · ·              |          |                  |
|      | Listed property Enter amo   |   |   |                     |             |            |                    | 21       |                  |
|      | Total Add amounts from line 12 the appropriate lines of your retu | , lines 14 through 17, lin  | es 19 and 20 in column (g), a                     | nd line 21 Enter he | ere and o   | n          |                    | 22       | 5,641.           |
| 23   | For assets shown above a  | ind placed in service   | e during the current yea                          |                     | 23          |            |                    | _        |                  |
|      |   | the portion of the basis attributable to section 263A costs 23    |   |                     |             |            |                    |          |                  |

Wynne Charitable Foundation 26-1583201 Page 2 Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) No 24b If 'Yes,' is the evidence written? 24 a Do you have evidence to support the business/investment use claimed? Yes No Yes (c) Busine (e) (f) (i) Type of property (list vehicles first) Date placed in service Cost or other basis Basis for depreciation Recovery period Method/ Convention Depreciation deduction Elected investment use (business/investment section 179 percentage Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 Property used more than 50% in a qualified business use. 27 Property used 50% or less in a qualified business use 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) **(f)** Total business/investment miles driven Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 during the year (do not include commuting miles) 31 Total commuting miles driven during the year Total other personal (noncommuting) miles driven Total miles driven during the year Add lines 30 through 32 Yes No Yes No Yes No Yes No Yes Νo Yes Νo Was the vehicle available for personal use during off-duty hours? Was the vehicle used primarily by a more than 5% owner or related person? Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions). No Yes Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use? (See instructions ) Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles `, ` 80 -Part VI Amortization **(f)** (a) (b) (c) (d) (e) Description of costs Date amortization Amortizable Code Amortization Amortization begins amount section period or for this year percentage 42 Amortization of costs that begins during your 2011 tax year (see instructions): 43 43 Amortization of costs that began before your 2011 tax year 44 44 Total. Add amounts in column (f) See the instructions for where to report

#### **Miscellaneous Statement**

| Substantial Contributors     |  |
|------------------------------|--|
| Wynne Building Corporation   |  |
| 12804 SW 122 Ave.            |  |
| Miami, FL 33186              |  |
|                              |  |
| Joel F. Wynne                |  |
| 8000 South U.S. 1, Suite 402 |  |
| Port St. Lucie, FL 34952     |  |

Total

Form 990-PF, Page 6, Part VIII, Line 1
Information about Officers, Directors, Trustees, Etc.

| • (a) Name and address   | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|--|---|---|---|---------------------------------------|
| Person X Business  Matthew Lyle Wynne  8000 South US 1, Suite 402  Port St. Lucie FL 34952  Person X Business  Eric P. Wynne | Trustee   | 0.  | 0.  | 0.                                    |
| 8000 South US 1, Suite 402<br>Port St. Lucie FL 34952  | <u>Trustee</u> <u>2.00</u>                                | 0.  | 0.  | 0.                                    |

| -   | •      |    | - 1 |
|-----|--------|----|-----|
| - 1 | $\sim$ | ٠. | 2   |
| - 1 | u      | u  | a.  |

| 0. | 0. | 0. |
|----|----|----|
|    |    |    |

Form 990-PF, Page 11, Part XV, line 3a Line 3a statement

| Recipient  Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foun-<br>dation<br>status<br>of re-<br>cipient | Purpose of grant or contribution | Person or<br>Business<br>Checkbox<br>Amount |
|--|---|--|----------------------------------|---|
| a Paid during the year                         |   |  |                                  |   |
| Council on Aging of St. Lucie, Inc             |   |  |                                  | Person or                                   |
| 1505 Orange Ave.                               | l   | public   |                                  | Business                                    |
| Fort Pierce FL 34950                           |   | charity  | general support                  | 1,100.                                      |
| Diabetes Research Institute                    |   |  |                                  | Person or                                   |
| 200 South Park Road, Suite 100                 |   | public   |                                  | Business                                    |
| Hollywood FL 33021                             |   | charity  | general support                  | 100.  |
| Disabled American Veterans                     |   |  |                                  | Person or                                   |
| P. O. Box 14301                                |   | public_  |                                  | Business                                    |
| Cincinnati OH 45250                            |   | charity  | general support                  | 100.  |
| Friends of WLRN, Inc.                          |   |  | <b></b>                          | Person or                                   |
| 169 East Flagler Street                        |   | public   |                                  | Business                                    |
| Miami FL 33131                                 |   | charity  | general support                  | 100.  |
| Frontline for Kids                             |   |  |                                  | Person or                                   |
| 2007 Orange Avenue                             |   | public   |                                  | Business                                    |
| Fort Pierce FL 34950                           |   | charity  | general support                  | 142,460.                                    |
| Greater Miami Jewish Federation                |   |  |                                  | Person or                                   |
| 4200 Biscayne Blvd                             |   | public   |                                  | Business                                    |
| Miami FL 33137                                 |   | charity  | general support                  | 200.  |

# Form 990-PF, Page 11, Part XV, line 3a Line 3a statement

Continued

|  |   |  | <u> </u>                              |   |
|--|---|--|---------------------------------------|---|
| Recipient  Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foun-<br>dation<br>status<br>of re-<br>cipient | Purpose of grant or contribution      | Person or<br>Business<br>Checkbox<br>Amount |
| a Paid during the year                         |   |  | _                                     |   |
| Boy Scouts of America                          |   |  |                                       | Person or                                   |
| Gulf Stream Council                            |   | public   | - <b>-</b>                            | Business                                    |
| Port St. Lucie FL 34952                        |   |  | general support                       | 50.   |
| Heathcote Botanical Gardens                    |   | Charley  | gonozuz support                       | Person or                                   |
| 210 Savannah Road                              |   | public   |                                       | Business                                    |
| Fort Pierce FL 34982                           |   |  | general support                       | 500.  |
| Hibiscus Childrens Foundation                  |   |  | , , , , , , , , , , , , , , , , , , , | Person or                                   |
| PO Box 305                                     |   | public   |                                       | Business                                    |
| Jensen Beach FL 34958                          |   |  | general support                       | 500.  |
| Miami Lighthouse for the Blind                 |   |  |                                       | Person or                                   |
| 601 SW 8th Avenue                              |   | public   |                                       | Business                                    |
| Miami FL 33130                                 |   | ,  | general support                       | 160.  |
| Phi Beta Kappa                                 |   |  |                                       | Person or                                   |
| 1606 New Hampshire Ave., NW                    |   | public   |                                       | Business                                    |
| Washington DC 20009                            |   | charity  | general support                       | 100.  |
| Save the Children                              |   |  |                                       | Person or                                   |
| 54 Wilton Road                                 |   | public   |                                       | Business                                    |
| Westport CT 06880                              |   | charity  | general support                       | 2,000.                                      |
| School Supplies for Students                   |   |  |                                       | Person or                                   |
| 4800 So. US 1                                  |   | public   |                                       | Business                                    |
| Fort Pierce FL 34982                           |   | charity  | general support                       | 200.  |
| Sierra_Club_Foundation_                        |   |  |                                       | Person or                                   |
| 85 Second Street                               |   | public   |                                       | Business                                    |
| San Francisco CA 94105                         |   | charity  | general support                       | 200.  |
| St. Lucie Audobon Society                      |   |  |                                       | Person or                                   |
| PO_Box_12474                                   |   | public   |                                       | Business                                    |
| Fort Pierce FL 34979                           |   | charity  | general support                       | 100.  |
| The Nature Conservancy                         |   | <del></del>                                    | <b> </b>                              | Person or                                   |
| 4245 N. Fairfax Drive                          |   | public   |                                       | Business                                    |
| Arlington VA 22203                             |   | charity  | general support                       | 500.  |
| The Salvation Army                             |   | ,-,  |                                       | Person or                                   |
| PO_Box_8088                                    |   | public   |                                       | Business                                    |
| Port St. Lucie FL 34985                        |   | charity  | general support                       | 200.  |
| Treasure Coast Food Bank                       |   |  |                                       | Person or                                   |
| 3051 Industrial 25th street                    |   | public   |                                       | Business                                    |
| Fort Pierce FL 34946                           |   | cnarity  | general support                       | 1,200.                                      |
| Treasure Coast Hospice                         |   |  |                                       | l ——  |
| 1201 SE Indian Street                          |   | public   | 1                                     | Business                                    |
| Stuart FL 34997                                | -   | cnarity  | general support                       | Person or                                   |
| Treasure Coast Wildlife Center                 |   |  |                                       | Business                                    |
| 8438 SW 48 Avenue                              |   | public   |                                       | 100.  |
| Palm City FL 34990                             |   | cnarity  | general support                       | Person or                                   |
| United Way of St. Lucie County                 |   |  |                                       | Business                                    |
| 4800 South US 1                                |   | public   |                                       |   |
| Fort Pierce FL 34982                           |   | cnarity  | general support                       | 14,000.                                     |

#### Form 990-PF, Page 11, Part XV, line 3a **Line 3a statement**

Continued

| •                                      |                 |               |                       | <del> </del> |
|--|-----------------|---------------|-----------------------|--------------|
| Recipient                              | If recipient is | Foun-         | Purpose of            | Person or    |
|  | an individual,  | dation        | grant or contribution | Business     |
| Name and address                       | show any        | status        |                       | Checkbox     |
| (home or business)                     | relationship to | of re-        |                       |              |
|  | any foundation  | cipient       |                       | Amount       |
|  | manager or      |               |                       |              |
|  | substantial     |               |                       |              |
|  | contributor     |               |                       |              |
| a. Paid during the year                |                 |               |                       |              |
| a Paid during the year                 |                 |               |                       | D            |
| University of California               |                 | ,-,-          |                       | Person or    |
| 2080 Addison Street                    | <b></b>         | public        |                       | Business     |
| Berkley CA 94720                       |                 | charity       | general support       | 1,000.       |
| Treasure Coast Victory Children's Home |                 |               |                       | Person or    |
| 602 SW Biltmore St.                    | <b></b>         | <u>public</u> |                       | Business     |
| Port St. Lucie FL 34983                |                 | charity       | general support       | 100.         |
| Visiting Nurse Foundation              |                 |               |                       | Person or    |
| 2400 SE Monterrey Rd                   |                 | public        |                       | Business     |
| Stuart FL 34996                        |                 | charity       | general support       | 200.         |
| World Wildlife Federation              |                 |               |                       | Person or    |
| 1250 24th Street NW                    |                 | public        |                       | Business     |
| Washington DC 20037                    |                 | charity       | general support       | 600.         |
| WPBT                                   |                 |               |                       | Person or    |
| PO Box 61002                           |                 | public        |                       | Business     |
| Miami FL 33261                         | <del>-</del>    | . – – – –     | general support       | 250.         |
| WQCS                                   |                 |               |                       | Person or    |
| 3209 Virginia Ave.                     |                 | public        |                       | Business     |
| Fort Pierce FL 34981                   |                 |               | general support       | 1,000.       |
| PSL Volunteer Ambulance                |                 | Judici        | gonorur support       | Person or    |
| P O Box 8026                           |                 | public        |                       | Business     |
| Port St. Lucie FL 34985                |                 |               | general support       | 750.         |
| Saint Edwards School                   |                 | Chartey       | general support       | Person or    |
| 2225 Club Drive                        |                 |               |                       | Business     |
| Vero Beach FL 32963                    |                 | School        | gonoral support       | 1,000.       |
| Chabad Jewish Center                   |                 | 3011001       | general support       | Person or    |
| 2809 SW Sunset Trail                   |                 |               |                       |              |
|  |                 | public        |                       | Business     |
| Palm City FL 34990                     |                 | charity       | general support       | 100.         |
| Art Mundo                              |                 |               |                       | Person or    |
| 111 Orange Avenue                      |                 | public        |                       | Business     |
| Fort Pierce FL 34950                   |                 | charity       | general support       | 500.         |
| Doctors Without Borders                |                 |               |                       | Person or    |
| 333 Seventh Avenue                     |                 | public        |                       | Business     |
| New York NY 10001                      | -               | charity       | general support       | 100.         |
| Florida Sheriffs Youth Ranches         |                 |               |                       | Person or    |
| 2486 Cecil Webb Place                  |                 | public        |                       | Business     |
| Live Oak FL 32060                      |                 | charity       | general support       | 100.         |
| IRSC Foundation                        |                 |               |                       | Person or    |
| 3209 Virginia Avenue                   |                 | State         | Educational           | Business     |
| Fort Pierce FL 34981                   |                 | . — — — —     | Scholarships          | 1,000.       |
| Main Street Fort Pierce                |                 |               |                       | Person or    |
| 122 A.E. Backus Avenue                 |                 | public        |                       | Business     |
| Fort Pierce FL 34950                   |                 |               | general support       | 200.         |
| Manatee Observation & Education Ctr.   |                 |               | <u></u>               | Person or    |
| 480 N. Indian River Drive              |                 | public        |                       | Business     |
| Fort Pierce_ FL 34950                  |                 |               | general support       | 50.          |
| FOLC FIELCE FII 34930                  | l .             | CHALLLY       | General support       |              |

# Form 990-PF, Page 11, Part XV, line 3a Line 3a statement

Continued

| <del></del>   |   |  |                                  |  |
|---|---|--|----------------------------------|--|
| Recipient  Name and address (home or business)  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foun-<br>dation<br>status<br>of re-<br>cipient                     | Purpose of grant or contribution | Person or<br>Business<br>Checkbox<br>Amount  |
| a Paid during the year Friends of the Sea 1120 Seaway Drive Fort Pierce FL 34949 Sunrise Theater for the Performing Arts 117 S. 2nd Street Fort Pierce FL 34950 Treasure Coast Youth Sailing Foundation PO Box 3108 Fort Pierce FL 34948 Toys for Kids 1115 Broadway, Suite 400 |   | public charity public charity public charity public public charity | general support                  | Person or Business 1,000. Person or Business 50. Person or Business 50. Person or Business |
| New York NY 10010   |   | charity  | general support                  | 100.   |
| Juvenile Diabetes Research Foundation   |   |  |                                  | Person or  |
| 26 Broadway FL 14   |   | public   |                                  | Business   |
| New York NY 10004   |   | charity  | general support                  | 200.   |
| CASTLE  | <b></b>   |  |                                  | Person or  |
| 3525 W. Midway Rd   |   | public   |                                  | Business   |
| Ft. Pierce FL 34981   |   | charity  | general support                  | 100.   |
|   |   |  |                                  |  |

Total

172,620.

# Form 990-PF, Line 19 **Allocated Depreciation**

| Description | Date<br>Acquire | Cost or<br>Basis | Prior Yr.<br>Depr | Mthd | Life  | Current<br>Depr | Net<br>Invest<br>Income | Adjusted<br>Net<br>Income |
|-------------|-----------------|------------------|-------------------|------|-------|-----------------|-------------------------|---------------------------|
| Building    | 10/22/09        | 220000           | 10812             | SL   | 39.00 | 5641            |                         |                           |

Total

Form 990-PF, Page 2, Part II, Line 14

L-14 Stmt

| Line 14b - Description of<br>Land, Buildings, and Equipment | (a)<br>Cost/Other<br>Basis | <b>(b)</b> Accumulated Depreciation | <b>(c)</b><br>Book Value |  |
|---|----------------------------|-------------------------------------|--------------------------|--|
| Land-Frontline for Kids                                     | 11,488.                    | 0.                                  | 11,488.                  |  |
| Building-Frontline for Kids                                 | 220,000.                   | 16,453.                             | 203,547.                 |  |

Form 990-PF, Page 2, Part II, Line 14 L-14 Stmt

Continued

| Line 14b - Description of<br>Land, Buildings, and Equipment | (a)<br>Cost/Other<br>Basis | <b>(b)</b> Accumulated Depreciation | <b>(c)</b><br>Book Value |
|---|----------------------------|-------------------------------------|--------------------------|
| Land-Playground Frontline for Kids                          | 158,690.                   | 0.                                  | 158,690.                 |
| Total   | 390,178.                   | 16,453.                             | 373,725.                 |