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# . 990-PF

For calendar year 2012 or tax year beginning

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

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements

, and ending

Na	me of fou	undation			A Empl	oyer identification number	
т	he 1	Wagmore Foundation, Inc.			45	-3660440	
Nu	mber and	d street (or P O box number if mail is not delivered to street address)		Room/suite	B Telep	hone number (see instructions	5)
		NW 24th Drive			35	<u>2-371-7412</u>	
		esville FL 32605			C If exe	mption application is pending,	check here
			f - f		٠, , ,		
G	песка		m of a former public	c cnanty	ł	oreign organizations, check he	_
		Final return Amended  X Address change Name cha				oreign organizations meeting t 5% test, check here and attach	
			<del></del>		-		
		type of organization: X Section 501(c)(3) exempt private		_	1 '	ate foundation status was tem in 507(b)(1)(A), check here	ninated under
		n 4947(a)(1) nonexempt charitable trust   Other taxable trust   Other taxable trust   J Accounting method	le private foundation  X Cash	Accrual	-	foundation is in a 60-month te	
-		rear (from Part II, col. (c), Other (specify)	Lasii/	icciuai	-	section 507(b)(1)(B), check h	_ 1
	iu oi y ne 16)		he on cash hasis \			, , , ,	
_	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and		<del></del>		(d) Disbursements
•	▼ ▼	amounts in columns (b), (c), and (d) may not necessarily equal	expenses per books		vestment ome	(c) Adjusted net income	for chantable purposes
	т —	the amounts in column (a) (see instructions) )		<u> </u>		<u> </u>	(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	3,163,6	00			
7	2	Check ▶ if the foundation is <b>not</b> required to attach Sch B	<u></u>	9	9	0	
5	3	Interest on savings and temporary cash investments		7	9	ļ ————————————————————————————————————	
7 ==	4 5a	Dividends and interest from securities  Gross rents	_	<del> </del>			
()	b	Net rental income or (loss)					
≊	6a	Net gain or (loss) from sale of assets not on line 10					
<b>ા</b> કૃ	Ь	Gross sales price for all assets on line 6a BECEIVED					
<b>Ç</b>	7	Capital gain net income (from Part IV-line 2)	hul		0		
The state of the s	8	Net short-term capital gain	18			0	
Z	9	Income modifications   S JUN 2 1 2013	ارة				
SCANNER JUL 0 1	10a	Gross sales less returns and allowances	ΠŒ				
Š	b	Less: Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)	<u> </u>				
	11	Other income (attach schedule)	2 162 6	1.5			
	12_	Total. Add lines 1 through 11	3,163,6	0	9	0	
es	13	Compensation of officers, directors, trustees, etc.		<u> </u>		<del></del>	
Expenses	14 15	Other employee salanes and wages Pension plans, employee benefits					-
be	16a	Legal fees (attach schedule) See Stmt 1	1,4	95			1,495
-	Ь	Accounting fees (attach schedule)					
<u>×</u>	c	Other professional fees (attach schedule) Stmt 2	8,7	00	-		8,700
rat	17	Interest					
ist	18	Taxes (attach schedule) (see instructions)					
ä	19	Depreciation (attach schedule) and depletion					
μþ	20	Occupancy					
P	21	Travel, conferences, and meetings		18			18
Operating and Administrative	22	Printing and publications		90			190
ng	23	Other expenses (att. sch) Stmt 3	1,1	38	_	ļ	1,138
atii	24	Total operating and administrative expenses.	,, -		^		11,541
Jer	25	Add lines 13 through 23	11,5 203,2		0	0	203,211
ŏ	25	Contributions, gifts, grants paid  Total expenses and disbursements. Add lines 24 and 25	214,7		0	0	<del></del>
	26 27	Subtract line 26 from line 12:	213,1			<u> </u>	211//32
	a	Excess of revenue over expenses and disbursements	2,948,8	63			
	Ь	Net investment income (if negative, enter -0-)			9		
	C	Adjusted net income (if negative, enter -0-)				0	
_							

' Da	rt II	Balance Sheets Attached schedules and amounts in the description colum	nn	Beginning of year	End o	f year
1.84	14 95	should be for end-of-year amounts only (See instructions	s )	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	) (	Cash – non-interest-bearing			7,426	7,426
2	2 :	Savings and temporary cash investments		666	2,942,103	2,942,103
3	3 ,	Accounts receivable ▶				
	- 1	Less: allowance for doubtful accounts ▶				
4		Pledges receivable ▶				
	1	Less: allowance for doubtful accounts ▶				
	5 (	Grants receivable				
	3	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see				
	-	instructions)				
7	7 (	Other notes and loans receivable (att. schedule)				
		Less: allowance for doubtful accounts ▶	0			
ध इ	3	Inventories for sale or use				
Assets	•	Prepaid expenses and deferred charges				
<b>ĕ</b> 10	0a	Investments – U S and state government obligations (attach schedule)				
_	<b>b</b>	Investments – corporate stock (attach schedule)				
	C	Investments – corporate bonds (attach schedule)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	····
11	1	Investments – land, buildings, and equipment basis ▶				
	J	Less accumulated depreciation (attach sch ) ▶				
1:	2	Investments – mortgage loans				
1:	3	Investments – other (attach schedule)		,,,,,,,,,		
10	4	Land, buildings, and equipment basis				
	J	Less accumulated depreciation (attach sch ) ▶				
1:	5	Other assets (describe	)			
10	6	Total assets (to be completed by all filers – see the				
$\perp$		instructions Also, see page 1, item I)		666	2,949,529	2,949,529
1	7 .	Accounts payable and accrued expenses				
_ 1	В	Grants payable				
<u>e</u> 1	9	Deferred revenue				
Liabilities 5 2 2 2	0	Loans from officers, directors, trustees, and other disqualified persons				
<u>ie</u> 2	1	Mortgages and other notes payable (attach schedule)				
2:	2	Other liabilities (describe ▶	)			
2	3	Total liabilities (add lines 17 through 22)		0	0	
l		Foundations that follow SFAS 117, check here	► X			
Ses		and complete lines 24 through 26 and lines 30 and 31.				
	4	Unrestricted		666	2,949,529	
<b>E</b> 2	5	Temporarily restricted				
- 등 2·	6	Permanently restricted				
Net Assets or Fund Balar		Foundations that do not follow SFAS 117, check here	<b>&gt;</b>			
뛜		and complete lines 27 through 31.				
<u>g</u> 2		Capital stock, trust principal, or current funds			<u> </u>	
9 2		Paid-in or capital surplus, or land, bldg., and equipment fund				
8 2	9	Retained earnings, accumulated income, endowment, or other funds				
<u> 등</u> 3		Total net assets or fund balances (see instructions)		666	2,949,529	
2 3	1	Total liabilities and net assets/fund balances (see				
		instructions)		666	2,949,529	
	rt III				I	
		net assets or fund balances at beginning of year – Part II, column (a), li	ne 30 (mu	ist agree with		
		f-year figure reported on prior year's return)			1	666
		amount from Part I, line 27a			2	2,948,863
		increases not included in line 2 (itemize) ▶			3	0.040.700
		nes 1, 2, and 3			4	2,949,529
		eases not included in line 2 (itemize)			5	0.040.530
<u>6 T</u>	otal ı	net assets or fund balances at end of year (line 4 minus line 5) – Part II	, column (	b), line 30		2,949,529

(a) List and desc	INCLOSSES FOR LAX ON INVESTI onbe the kind(s) of property sold (e.g., real estate, arehouse, or common stock, 200 shs. MLC Co.)	ment moor		(b) How acquired P - Purchase D - Donation		acquired lay, yr)	(d) Date sold (mo , day, yr )
1a N/A	·						
b				_			
С							
d	<del></del>			_			<u> </u>
		<del></del>					<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)			other basis nse of sale			or (loss) ) minus (g)
_a							
b							
		-					
<u>d</u>		-					<del> </del>
<del></del>	ig gain in column (h) and owned by the	e foundation of	on 12/31/6				
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		(k) Exces	s of col (ı) (ı), ıf any		(k), but not	(h) gain minus less than -0-) <b>or</b> om col (h)) — —
<u></u> а				-			
b							
С						<del></del>	
d							
е							
2 Capital gain net income or (net c	capital loss) If gain, also enter				2		
3 Net short-term capital gain or (lo	ss) as defined in sections 1222(5) and	d (6):	_				
If gain, also enter in Part I, line 8	3, column (c) (see instructions). If (loss	s), enter -0- in	¬.				
Part I, line 8					3		
Part V Qualification U	<u>nder Section 4940(e) for Red</u>	uced Tax	on Net l	<u>Investment Inco</u>	me		
If "Yes," the foundation does not qua	ction 4942 tax on the distributable amountify under section 4940(e) Do not coneach column for each year, see the in	nplete this pa	rt				Yes X No
(a)	(b)			(c)		D	(d)
Base penod years Calendar year (or tax year beginning in	8 40 44 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	ions	Net value	of nonchantable-use asset	s		inbution ratio divided by col. (c))
2011	6	3,334			666		95.096096
2010							
2009				. <u>-</u>		-	
2008							
2007			· -				
O Tatal of land 4 polymer (4)							95.096096
2 Total of line 1, column (d) 3 Average distribution ratio for the	5-year base period – divide the total of	on line 2 by 5	or by the		2		93.090090
	has been in existence if less than 5 ye		or by the		3	<u> </u>	95.096096
4 Enter the net value of noncharita	able-use assets for 2012 from Part X, I	line 5			4	ļ	227,442
5 Multiply line 4 by line 3					5		21,628,846
6 Enter 1% of net investment inco	me (1% of Part I, line 27b)				6	<u> </u>	(
7 Add lines 5 and 6					7		21,628,846
8 Enter qualifying distributions from	n Part XII, line 4				8		214,752
If line 8 is equal to or greater that Part VI instructions.	in line 7, check the box in Part VI, line	1b, and com	plete that	part using a 1% tax r	ate. See t	he	

	990-PF (2012) The Wagmore Foundation, Inc. 45-3660440			P	age 4
	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)			·····	
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1				
	Date of ruling or determination letter. (attach copy of letter if necessary—see instructions)				_
Ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check				0
	here ▶ ☐ and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of				
	Part I, line 12, col. (b)				_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				<u> </u>
3	Add lines 1 and 2				0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-				
6	Credits/Payments				
а	2012 estimated tax payments and 2011 overpayment credited to 2012 6a 0				
b	Exempt foreign organizations – tax withheld at source 6b 0				
C	Tax paid with application for extension of time to file (Form 8868)  6c  0				
d	Backup withholding erroneously withheld 6d 0				^
7	Total credits and payments. Add lines 6a through 6d				<del></del>
_8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached				0
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
11	Enter the amount of line 10 to be: Credited to 2013 estimated tax ▶ Refunded ▶ 11				
	rt VII-A Statements Regarding Activities	<del></del>	- 1		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	F	_	Yes	No
	participate or intervene in any political campaign?	-	1a		<u> </u>
Ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see				v
	Instructions for the definition)?		<u>1b</u>		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		I		
	published or distributed by the foundation in connection with the activities.		.		v
С	Did the foundation file Form 1120-POL for this year?	-	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		I		
	(1) On the foundation. ▶ \$0 (2) On foundation managers. ▶ \$0				
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
	on foundation managers. ▶ \$0		_	1	v
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	ŀ	2		X
_	If "Yes," attach a detailed description of the activities				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	ı		1	v
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	/2 F	4a	_	<u> </u>
ь		/A	4b		<u>x</u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		
_	If "Yes," attach the statement required by General Instruction T		ŧ		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
	By language in the governing instrument, or		ı		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	- 1	6	х	
_	conflict with the state law remain in the governing instrument?	-	7	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	F		Λ	-
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) <b>FL</b>				
L.			ı		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		8b	х	
0	(or designate) of each state as required by General Instruction G? If "No," attach explanation		<u>on</u>	A	<del></del>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	l	ŧ		
	4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes,"		9		x
10	complete Part XIV	<u> </u>	-		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses  Stmt. 4		10	x	
	names and addresses Stmt 4				(2012)
					1

disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer penod approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its chantable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?

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 2012.)

Form 990-PF (2012)

X

3b

4a

N/A

	1 990-PF (2012) The Wagmore	Foundation, Inc.  ng Activities for Which Form		660440	nuod)		Page 6
			14/20 May be K	equired (conti	ilueu)		
Эa	During the year did the foundation pay or (1) Carry on propaganda, or otherwise at	-	n 4045(n))2		es 🗓 No	- 1	
	(2) Influence the outcome of any specific			<b>□'</b>	es <u>11</u> 140	1	
			or to carry on,		es 🗓 No	1	
	directly or indirectly, any voter registra		2	<del></del>		1	
	(3) Provide a grant to an individual for tra	•		T	es 🔼 No	1	
	(4) Provide a grant to an organization oth		on described in		es 🗓 No	1	
	section 509(a)(1), (2), or (3), or section			·	es X No	1	
	(5) Provide for any purpose other than re	•	or educational		es 🗓 No		
	purposes, or for the prevention of crue				es X No	1	
þ	If any answer is "Yes" to 5a(1)–(5), did an				N/A	ا ا	
	Regulations section 53.4945 or in a curre			•	N/A	5b	<del></del>
	Organizations relying on a current notice	-			▶ □	ŧ	
С	If the answer is "Yes" to question 5a(4), d	•	from the tax	37/3 🗔		I	
	because it maintained expenditure respor	· ·		N/A 📙 Y	'es 📙 No	1	
	If "Yes," attach the statement required by	•				1	
6a	Did the foundation, during the year, received	ve any funds, directly or indirectly, to	pay premiums		<b>-</b>	1	
	on a personal benefit contract?				es X No	‡	
b	Did the foundation, during the year, pay p	remiums, directly or indirectly, on a	personal benefit contr	ract?		6b_	X
	If "Yes" to 6b, file Form 8870					1	
7a	At any time during the tax year, was the fo	oundation a party to a prohibited tax	shelter transaction?	Y	es X No	•	
	If "Yes," did the foundation receive any pr				N/A	7b	
P:		icers, Directors, Trustees, I	oundation Man	agers, Highly	Paid Employe	ees,	
	and Contractors	1 100-100					
1	List all officers, directors, trustees, foun	dation managers and their compe	nsation (see instruc	tions).		1	<u>.</u>
	(a) Name and ad	ldress	(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		ense account, allowances
					COHIDCHSauon		
GI	ladva Cofrin	Gainesville	-		compensation		
	ladys Cofrin	Gainesville	1.00	0	Ompensation		0
50	015 NW 24th Drive	FL 32605	1.00	0	O O		0
50 Pe	015 NW 24th Drive egeen Hanrahan	FL 32605 Gainesville		0	_0		
50 Pe	015 NW 24th Drive egeen Hanrahan 015 NW 24th Drive	FL 32605 Gainesville FL 32605	1.00	0	0		0
50 Pe 50 Ro	015 NW 24th Drive egeen Hanrahan 015 NW 24th Drive obert Hutchinson	FL 32605 Gainesville FL 32605 Gainesville	1.00		. 0		0
50 Pe 50 Ro 50	015 NW 24th Drive egeen Hanrahan 015 NW 24th Drive obert Hutchinson 015 NW 24th Drive	FL 32605  Gainesville  FL 32605  Gainesville  FL 32605		0	_0		
50 Pe 50 Ro 50 Ma	015 NW 24th Drive egeen Hanrahan 015 NW 24th Drive obert Hutchinson 015 NW 24th Drive ary Ippoliti-Smith	FL 32605 Gainesville FL 32605 Gainesville FL 32605 Gainesville	1.00	0	0		0
50 Pe 50 Ro 50 Ma	015 NW 24th Drive egeen Hanrahan 015 NW 24th Drive obert Hutchinson 015 NW 24th Drive ary Ippoliti-Smith 015 NW 24th Drive	FL 32605 Gainesville FL 32605 Gainesville FL 32605 Gainesville FL 32605	1.00	0	0		0
50 Pe 50 Ro 50 Ma	one of five highest-paid em	FL 32605 Gainesville FL 32605 Gainesville FL 32605 Gainesville FL 32605	1.00	0	0		0
50 Pe 50 Ro 50 Ma	015 NW 24th Drive egeen Hanrahan 015 NW 24th Drive obert Hutchinson 015 NW 24th Drive ary Ippoliti-Smith 015 NW 24th Drive	FL 32605 Gainesville FL 32605 Gainesville FL 32605 Gainesville FL 32605	1.00	0	0 0 0 0 e, enter		0
50 Pe 50 Ro 50 Ma	one of five highest-paid em	FL 32605  Gainesville FL 32605  Gainesville FL 32605  Gainesville FL 32605  ployees (other than those include	1.00	0	0	(e) Exp	0
50 Pe 50 Rc 50 Ma 50 2	D15 NW 24th Drive egeen Hanrahan D15 NW 24th Drive Obert Hutchinson D15 NW 24th Drive eary Ippoliti-Smith D15 NW 24th Drive Compensation of five highest-paid em "NONE."	FL 32605  Gainesville FL 32605  Gainesville FL 32605  Gainesville FL 32605  ployees (other than those include	1.00  1.00  1.00  d on line 1 – see ins  (b) Title, and average hours per week	0 otructions). If non	0 0 0 e, enter  (d) Contributions to employee benefit plans and deferred	(e) Exp	0 0 0
50 Pe 50 Rc 50 Ma 50 2	ageen Hanrahan  215 NW 24th Drive  Debert Hutchinson  215 NW 24th Drive  ary Ippoliti-Smith  215 NW 24th Drive  Compensation of five highest-paid emi  "NONE."	FL 32605  Gainesville FL 32605  Gainesville FL 32605  Gainesville FL 32605  ployees (other than those include	1.00  1.00  1.00  d on line 1 – see ins  (b) Title, and average hours per week	0 otructions). If non	0 0 0 e, enter  (d) Contributions to employee benefit plans and deferred	(e) Exp	0 0 0
50 Pe 50 Rc 50 Ma 50 2	ageen Hanrahan  215 NW 24th Drive  Debert Hutchinson  215 NW 24th Drive  ary Ippoliti-Smith  215 NW 24th Drive  Compensation of five highest-paid emi  "NONE."	FL 32605  Gainesville FL 32605  Gainesville FL 32605  Gainesville FL 32605  ployees (other than those include	1.00  1.00  1.00  d on line 1 – see ins  (b) Title, and average hours per week	0 otructions). If non	0 0 0 e, enter  (d) Contributions to employee benefit plans and deferred	(e) Exp	0 0 0
50 Pe 50 Rc 50 Ma 50 2	ageen Hanrahan  215 NW 24th Drive  Debert Hutchinson  215 NW 24th Drive  ary Ippoliti-Smith  215 NW 24th Drive  Compensation of five highest-paid emi  "NONE."	FL 32605  Gainesville FL 32605  Gainesville FL 32605  Gainesville FL 32605  ployees (other than those include	1.00  1.00  1.00  d on line 1 – see ins  (b) Title, and average hours per week	0 otructions). If non	0 0 0 e, enter  (d) Contributions to employee benefit plans and deferred	(e) Exp	0 0 0
50 Pe 50 Rc 50 Ma 50 2	ageen Hanrahan  215 NW 24th Drive  Debert Hutchinson  215 NW 24th Drive  ary Ippoliti-Smith  215 NW 24th Drive  Compensation of five highest-paid emi  "NONE."	FL 32605  Gainesville FL 32605  Gainesville FL 32605  Gainesville FL 32605  ployees (other than those include	1.00  1.00  1.00  d on line 1 – see ins  (b) Title, and average hours per week	0 otructions). If non	0 0 0 e, enter  (d) Contributions to employee benefit plans and deferred	(e) Exp	0 0 0
50 Pe 50 Rc 50 Ma 50 2	ageen Hanrahan  215 NW 24th Drive  Debert Hutchinson  215 NW 24th Drive  ary Ippoliti-Smith  215 NW 24th Drive  Compensation of five highest-paid emi  "NONE."	FL 32605  Gainesville FL 32605  Gainesville FL 32605  Gainesville FL 32605  ployees (other than those include	1.00  1.00  1.00  d on line 1 – see ins  (b) Title, and average hours per week	0 otructions). If non	0 0 0 e, enter  (d) Contributions to employee benefit plans and deferred	(e) Exp	0 0 0
50 Pe 50 Rc 50 Ma 50 2	ageen Hanrahan  215 NW 24th Drive  Debert Hutchinson  215 NW 24th Drive  ary Ippoliti-Smith  215 NW 24th Drive  Compensation of five highest-paid emi  "NONE."	FL 32605  Gainesville FL 32605  Gainesville FL 32605  Gainesville FL 32605  ployees (other than those include	1.00  1.00  1.00  d on line 1 – see ins  (b) Title, and average hours per week	0 otructions). If non	0 0 0 e, enter  (d) Contributions to employee benefit plans and deferred	(e) Exp	0 0 0
50 Pe 50 Rc 50 Ma 50 2	ageen Hanrahan  215 NW 24th Drive  Debert Hutchinson  215 NW 24th Drive  ary Ippoliti-Smith  215 NW 24th Drive  Compensation of five highest-paid emi  "NONE."	FL 32605  Gainesville FL 32605  Gainesville FL 32605  Gainesville FL 32605  ployees (other than those include	1.00  1.00  1.00  d on line 1 – see ins  (b) Title, and average hours per week	0 otructions). If non	0 0 0 e, enter  (d) Contributions to employee benefit plans and deferred	(e) Exp	0 0 0
50 Pe 50 Rc 50 Ma 50 2	ageen Hanrahan  215 NW 24th Drive  Debert Hutchinson  215 NW 24th Drive  ary Ippoliti-Smith  215 NW 24th Drive  Compensation of five highest-paid emi  "NONE."	FL 32605  Gainesville FL 32605  Gainesville FL 32605  Gainesville FL 32605  ployees (other than those include	1.00  1.00  1.00  d on line 1 – see ins  (b) Title, and average hours per week	0 otructions). If non	0 0 0 e, enter  (d) Contributions to employee benefit plans and deferred	(e) Exp	0 0 0
50 Pe 50 Rc 50 Ma 50 2	ageen Hanrahan  215 NW 24th Drive  Debert Hutchinson  215 NW 24th Drive  ary Ippoliti-Smith  215 NW 24th Drive  Compensation of five highest-paid emi  "NONE."	FL 32605  Gainesville FL 32605  Gainesville FL 32605  Gainesville FL 32605  ployees (other than those include	1.00  1.00  1.00  d on line 1 – see ins  (b) Title, and average hours per week	0 otructions). If non	0 0 0 e, enter  (d) Contributions to employee benefit plans and deferred	(e) Exp	0 0 0

Form 990-PF (2012)

Form 990-PF (20	The Wagmore Foundation, Inc.	45-3660440	Page 7
· Part VIII	Information About Officers, Directors, Trustees, Fou	ndation Managers, Highly Paid E	mployees,
	and Contractors (continued)		
3 Five high	est-paid independent contractors for professional services (see in		<del></del>
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
_			
Total number of	others receiving over \$50,000 for professional services		<u> </u>
Part IX-A	Summary of Direct Charitable Activities		
	s four largest direct chantable activities during the tax year -include relevant statistical information of the properties of the conferences convened, research papers produced, etc	tion such as the number of	Expenses
1 N/A			
1 11/21			
2			
3			
4			
Part IX-B	Summary of Program-Related Investments (see ins	structions)	
***************************************	argest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A	,		_
,			
2			
	elated investments. See instructions		
3			

Total. Add lines 1 through 3

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Enter 1% of Part I, line 27b (see instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years.

Form **990-PF** (2012)

214,752

203,380

Excess from 2012

	990-PF (2012) The wagmore  of XIV Private Operating Fou			45-36604		Page 10
	If the foundation has received a ruling or				<u> </u>	
'Ia	foundation, and the ruling is effective for			.iiig		
b	Check box to indicate whether the foundation			hed in section 49	42(J)(3) or 494	2(j)(5)
2a	Enter the lesser of the adjusted net	Tax year	tang roundation decom	Prior 3 years	12()(0) 01	- 4/0/
	income from Part I or the minimum	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
	investment return from Part X for	(-) :-	(-,	V-,	· · · · · · · · · · · · · · · · · · ·	
	each year listed					
ь	85% of line 2a					
c	Qualifying distributions from Part XII,					
_	line 4 for each year listed					
d	Amounts included in line 2c not used directly		_			-
	for active conduct of exempt activities					
8	Qualifying distributions made directly					
	for active conduct of exempt activities					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
	alternative test relied upon:					
а	"Assets" alternative test – enter				<del>-</del>	
	(1) Value of all assets					
	(2) Value of assets qualifying under					
ь	section 4942(j)(3)(B)(i) "Endowment" alternative test – enter 2/3		<u>-</u>			
b	of minimum investment return shown in					
	Part X, line 6 for each year listed					
С	"Support" alternative test – enter					
·	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on					
	secunties loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt organizations as provided in					
	section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from			***		
	an exempt organization					
	(4) Gross investment income					
Pa	rt XV Supplementary Inform	nation (Complete	this part only if	the foundation ha	ad \$5,000 or more	e in assets at
	any time during the y	<u>ear – see instruc</u>	tions.)		<del></del>	
1	Information Regarding Foundation Ma	ınagers:				
а	List any managers of the foundation who					
	before the close of any tax year (but only	if they have contribute	ed more than \$5,000).	(See section 507(d)(2)	ı.)	
	Gladys Cofrin					\$220,503
b	List any managers of the foundation who				portion of the	
	ownership of a partnership or other entity	<ul><li>of which the foundat</li></ul>	ion has a 10% or grea	ter interest.		
	N/A					
2	Information Regarding Contribution, C					
				ole organizations and d		
	unsolicited requests for funds If the foun		ants, etc (see instruct	ions) to individuals or c	organizations under	
	other conditions, complete items 2a, b, c		man ta uham analis -4	one charle he addes		
а	The name, address, and telephone numl  Jeannette Peters 352		rson to whom applicati	oris snould de address	<del>c</del> u	
	5015 NW 24th Drive (		RT. 32605			
_	The form in which applications should be			av sporije izoljaje.		<del> </del>
b	Contact Foundation A		auon and matenais th	ay siloulu maude.		
С	Any submission deadlines:		_			
·	None					
d	Any restrictions or limitations on awards,	such as by geographi	cal areas, charitable fi	elds, kinds of institution	ns, or other	
~	factors:				, <del></del>	
	Animal Rescue					
					<del></del> _	- 000 DE

Part XV Supplementary Information (	continued)			
Part XV Supplementary Information (c 3 Grants and Contributions Paid During the	ne Year or Approved for F	uture Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
a Paid during the year See Statement 5				203,211
			•	
Total	<del></del>	·	▶ 3a	203,211
b Approved for future payment N/A				
Total	<u> </u>		▶ 3b	

Part XVI-A			d business income	Evoluded	by section 512, 513, or 514	
enter gross amo	ounts unless otherwise indicated	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income
1 Program se	rvice revenue			+		(See instructions )
a		-		+		
		-		+		<del></del>
c		-		+ +		<del> </del>
		-	<del></del>	+ +		<del></del>
			· ·	+ +		
f	<del> </del>	-		1		
-	nd contracts from government agencies					
•	p dues and assessments			14	9	
	savings and temporary cash investments			++++		
	and interest from securities			-		
	ncome or (loss) from real estate:					
	nanced property	-		<del>                                     </del>		<del></del>
	ot-financed property ncome or (loss) from personal property	-		<del>                                     </del>		
7 Other inves				<del> </del>	<del></del>	
	s) from sales of assets other than inventory			++		
	or (loss) from special events		-	+		
	t or (loss) from sales of inventory					
	nue: a			1 1		
		-	<del></del>		·	
c		-	-			
		-			···	·
е —						
	dd columns (b), (d), and (e)			0	9	
	line 12, columns (b), (d), and (e)				13	9
	t in line 13 instructions to venfy calculations.)					
Part XVI-B	· · · · · · · · · · · · · · · · · · ·					
Line No. ▼	Explain below how each activity for which incom accomplishment of the foundation's exempt pur					
N/A		proces (Since mine)		, , , , , , , , , , , , , , , , , , ,	<u> </u>	
	- ***					
·					<u>-</u>	
_			<u> ,,                              </u>			
					-	
	<u> </u>					
		<del> </del>				
		-				

Part XVI	Information Reg Exempt Organiz		ansfers To an	d Transactio	ns and Relations	ships Wit	h Noncharitab	е	•	
1 Did the	e organization directly or ind		e in any of the foll	owing with any o	other organization des	cribed			Yes	No
	on 501(c) of the Code (other									
	zations?	J. 2.2 00040	00 1(0)(0) 0.ge		, , , , , , , , , , , , ,					İ
•	ers from the reporting found	lation to a no	nchantable exemi	ot organization o	f:					į
(1) Ca								1a(1)		X
• •	her assets							1a(2)		X
	ransactions									<u> </u>
	les of assets to a noncharit	able exempt	organization					1b(1)		х
	rchases of assets from a ne	-	_	on				1b(2)		X
	ntal of facilities, equipment							1b(3)		Х
	imbursement arrangement							1b(4)		X
(5) Lo	ans or loan guarantees							1b(5)		X
(6) Pe	rformance of services or m	embership or	r fundraising solici	tations				1b(6)		X
c Shann	g of facilities, equipment, m	ailing lists, o	ther assets, or pai	d employees				1c		X
	inswer to any of the above									
	of the goods, other assets,									
value i	n any transaction or shanne	arrangemer	nt, show in column	(d) the value of	the goods, other asse	ets, or service	es received.			
(a) Line no	(b) Amount involved	(c) Name	of nonchantable exem	pt organization	(d) Description	of transfers, tra	nsactions, and sharing ar	angeme	ents	
N/A										
	_						<del></del>			
	-	<del> </del>	5,49	-	<del></del>					
		<del> </del>					· · ·			
							<del></del>			
			<del></del>		_					
_		<u> </u>								
		<del>                                     </del>	-							
		<del> </del>			-					
					-			-		
	-				_					
		<u> </u>			· <del></del> -		-			
<del></del>		<del> </del>		<u> </u>						
,	_	<b>†</b>								
describ	foundation directly or indirectly or indirectly or section 501(c) of the "complete the following so (a) Name of organization	Code (other		c)(3)) or in sectio	• •		ion of relationship	Y	es X	] No
N/A	fall common an endomination		(2) 1) 22 61 6	<u> </u>	· ···	,,		·-·		
			-							
	·									
Unc	der penalties of perjury, I declare the rect, and complete. Declaration of	nat I have exami	ned this return, including	g accompanying sch	edules and statements, and	to the best of n	ny knowledge and belief,	it is trui	е,	
Sign Here	ladel	y examen (officer to	3. Os	un   (	0/17/13	Offi	May the IRS disco with the preparer (see instructions)	shown b		No
	Signature of officer or trustee		<del>)                                    </del>	Date	T. 1	Title				
	Print/Type preparer's name	4		Preparer's signatu	ire / At H	4	Date		Check self-em	rf nployed
Paid Preparer	tephen H. Kattel			1×1mg/	un /lalle	<u>v</u> ,	05/2:			
Use Only				P.L. /			PTIN PO	L278	3226	<u> </u>
USE UNITY		NW 16t				ļ	Firm's EIN			
	Gain	esville	e, FL 32	601					5-6	
							i	om 99	90-PF	· (2012

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

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

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

OMB No 1545-0047

**Employer identification number** 

45-3660440 The Wagmore Foundation, Inc. Organization type (check one) Filers of: Section: 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt chantable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt chantable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, chantable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, chantable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year - \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Page 1 of 1 of Part I

Name of organization
The Wagmore Foundation, Inc.

Employer identification number

45-3660440

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Gladys Cofrin 2615 NW 22nd Drive Gainesville FL 32605	\$ 221,503	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4 AEC Trust	Total contributions	Type of contribution
2	Foundation Source 501 Silverside Road #123 Wilmington DE 19809-1377	\$ 2,942,103	Person X  Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	ivalie, audiess, diu Lif + 4	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

45-3660440	Federal (	Federal Statements		
	Statement 1 - Form 990-PF	- Form 990-PF, Part I, Line 16a - Legal Fees	gal Fees	
Description	Total	Net Investment	Adjusted Net	Charitable Purpose
				1,
Total	ş 1,495	w	0   	\$ 1,495
Stat	Statement 2 - Form 990-PF, Part I	Part I, Line 16c - Other Professional Fees	ofessional Fees	
Description	Total	Net Investment	Adjusted Net	Charitable Purpose
Foundation Administrator Total	\$ 8,700	w w	w w	\$ 8,700
	Statement 3 - Form 990-PF, I	m 990-PF, Part I, Line 23 - Other Expenses	Expenses	
Description	Total	Net Investment	Adjusted	Charitable
	\$ S	w	w.	\$
Expenses Bank Fees	754			754
Computers & Software Website Costs	100		·	100
Solicitation Fees	45		-	45
Total	\$ 1,138	\$	8	\$ 1,138
			-	
				1-3

...

45-3660440		Federal Statements	8		
	Statement 4 - Form 990	Statement 4 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributors	Substantial Contrib	utors	
Name	Address	y	<u>2</u>	City State Zio	
AEC Trust	501 Silverside Road	#123	Wilmington DE 19809-1377	77	
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45-3660440

# Statement 5 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the

Name	Add	Address	1	
Address	Relationship	Status	Purpose	Amount
Alachua County Humane Society	4205 NW 6th	6th Street, A-1	7	
Gainesville FL 32609		509(a)(2)	General Support,	106,451
Alachua County Animal Services	3400 NE 53rd	53rd Avenue	٠	
Gainesville FL 32609			General Support	15,000
Gainesville Rabbit Rescue	521 SE 6th A	th Avenue		
Williston FL 32696			General Support	000'9
Gainesville Pet Rescue, Inc.	5403 SW Arch	Archer Road		
Gainesville FL 32608	Δ,	509(a)(2)	General Support	7,000
Haile's Angels Pet Rescue	5231 SW 91st	91st Drive	-	
Gainesville FL 32608	α,	509(a)(2)	General Support	15,000
Operation Catnip of Gainesville	PO Box# 141023	23		
Gainesville FL 32614		170(b)(1)(a) General	General Support	15,000
Home Van Pet Care Project	PO Box# 14305	5		
Gainesville FL 32604			General Support	2,000
Helping Hands Pet Rescue	16703 South HWY 441	HWY 441		
Micanopy FL 32667	Δ,	509(a)(2)	General Support	000'6
UF Student Chapter of Association	2015 SW 16th	16th Avenue		
Gainesville FL 32608			General Support	4,760
Maddie's Shelter Medicine Program	2015 SW 16th	16th Avenue		
Gainesville FL 32610			General Support	15,000
Paws on Parole	3400 NE 53rd	53rd Avenue		
Gainesville FL 32609			General Support	5,000
Total			- <del>-</del>	203,211
			-	

(Rev January 2013) Department of the Treasury

**Application for Extension of Time To File an Exempt Organization Return** 

OMB No 1545-1709

▶ File a separate application for each return.

Internal Rev	enue Service	7 THO G GOP			··			
• If you a	are filing for a	n Automatic 3-Month Extension,	complete	only Part I and chec	k this box			▶ 🗹
• If you a	are filing for a	n Additional (Not Automatic) 3-Mo	onth Exter	nsion, complete onl	ly Part II (on page 2 c	of this	form).	
Do not c	complete Par	t II unless you have already been g	granted an	automatic 3-month	extension on a previo	usly	filed Forn	n 8868.
a corpora 8868 to a Return fo	ation required request an e or Transfers	(e). You can electronically file Form of to file Form 990-T), or an addition extension of time to file any of the factoriated With Certain Personate details on the electronic filing of the	al (not auto forms listed l Benefit (	omatic) 3-month extend in Part II or Part II Contracts, which me	ension of time. You of with the exception of ust be sent to the I	an el of For RS i	lectronica rm 8870, n paper	ally file Form Information format (see
Part I	Automa	tic 3-Month Extension of Time	. Only sul	bmit original (no co	opies needed).			
A corpor	ration require	ed to file Form 990-T and reque	sting an a	utomatic 6-month	extension-check th			▶ 🔲
	•	(including 1120-C filers), partnersh	ips, REMIC	Cs, and trusts must u	use Form 7004 to rec	juest	an exten	ision of time
to file inc	ome tax retu	ns.						
	<del></del>			· · · · · · · · · · · · · · · · · · ·	Enter filer's identifyir			
Type or Name of exempt organization or other filer, see instructions.  Employer identification number (EIN								)f
print	t The Wagmore Foundation, Inc. 45-3660440							
File by the	Number, street, and room or suite no. If a P O box, see instructions.  Social security number (SSN)							
due date for	ate for   5015 NW 24th Drive							
filing your return See	n See							
instructions	Gainesvil	le, FL 32605	<u> </u>					
Enter the	Return code	for the return that this application is	s for (file a	separate application	n for each return) .			. 0 4
		···	Return	Application				Return
Applica	llon		Code	Is For				Code
	00 au Farm 00	0 F7			uration)		07	
Form 990 or Form 990-EZ 01 Form 990-T (corporation)  Form 990-BL 02 Form 1041-A								08
Form 990-BL 02 Form 1041-A Form 4720 (individual) 03 Form 4720								09
		)					10	
Form 990-PF 04 Form 5227  Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069								11
Form 990-1 (sec. 401(a) or 408(a) trust) U5 Form 6069  Form 990-T (trust other than above) 06 Form 8870								12
Form 99	0-1 (trust oth	er than above)	UO	FOIII 6670				
Telepho If the or If this is for the whalist with	one No.  rganization do  for a Group on  hole group, cluthe names a	assignments and state of the second state of	F, usiness in t r digit Grou t is for part on is for, rporation r	AX No.  he United States, chup Exemption Numb tof the group, check	neck this box	 ▶ [	 If th □ and at	tach
foi	-	15 , 20 <u>13</u> , to file the exention's return for: rear 20 <u>12</u> or	npt organiz	ation return for the o	organization named a	bove	. The exte	ension is
•	tax year b	eginning	, 20	, and ending			, 20	
		eginning ntered in line 1 is for less than 12 m	nonths, che	eck reason: Initia	I return	urn		
		counting period on is for Form 990-BL, 990-PF, 990	T 4700 -	or 6060 anto: +5a 4=	ntative tay less are:	_	т —	
no	nrefundable	credits. See instructions.			-	3a	\$	0
		on is for Form 990-PF, 990-T, 4						
		ayments made. Include any prior ye				3b	\$	0
	c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  3c \$							•
		to make an electronic fund withdrawal v			3-EO and Form 8879-E0			nstructions.