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Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

Treated as a Private Foundation

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

Fo	or ca	lendar year 2012 or tax year beginning			, 2012	, and ending	3		, 20		
		of foundation					A	Employer identifi	cation number		
THE BEATITUDE FOUNDATION, INC.								59-363620	6		
Number and street (or P O box number if mail is not delivere				to street address) Room/suite			B Telephone number (see instructions)				
							(850) 219-500				
	207	3 SUMMIT LAKE DRIVE				155		,			
_		town, state, and ZIP code				·	+				
	-						c		ition is		
	TAL	LAHASSEE, FL 32317						pending, check here			
_	-	ck all that apply Initial return	Т	Initial return	of a former r	ublic charity	∄.	4 6	vana abask barr		
Ŭ	0,,,0	Final return		Amended re			ין י	 Foreign organizat Foreign organizat 			
		Address change		Name chang			- }	85% test, check h	ere and attach		
Н	Che	ck type of organization X Section 501(c)(3)					computation .			
Ϊ	$\overline{}$	ection 4947(a)(1) nonexempt charitable trust		Other taxable pr		tion	E		status was terminated		
亡				method X C		crual	╛	under section 507(b			
•				enecity)					in a 60-month termination (1)(B), check here		
	-			nn (d) must be on	cash basis)		-				
		Analysis of Revenue and Expenses (The) Revenue and	, , , , , , , , ,				(d) Disbursements		
لك ا		total of amounts in columns (b), (c), and (d)		expenses per	(b) Net inve		(c)	Adjusted net	for charitable		
		may not necessarily equal the amounts in column (a) (see instructions))	`	books	incon	ıncome		income	purposes (cash basis only)		
٦	1	Contributions, gifts, grants, etc., received (attach schedule)		712,061.					(0000000)		
	2	if the foundation is not required to									
	3	Interest on savings and temporary cash investments									
	4	Dividends and interest from securities		106.		106.			ATCH 1		
		Gross rents									
		Net rental income or (loss)									
Revenue		Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	!	L CONTRACTOR CONTRACTO							
ve	7	assets on line 6a Capital gain net income (from Part IV, line 2)		3	- 1						
æ	7				-tx /						
	8 9	Net short-term capital gain		NOV 9	121						
		Gross sales less returns	i	1 2 1 2 U	13 161						
		Less Cost of goods sold		****	151						
		Gross profit or (loss) (attach schedule)		1.7	7=1						
	11	Other income (attach schedule)		200	1						
	12	Total. Add lines 1 through 11		712,167.		106.		•	•		
_	13	Compensation of officers, directors, trustees, etc		0							
	14	Other employee salaries and wages									
ses	15	Pension plans, employee benefits									
	16 ^	Legal fees (attach schedule)		_							
ξχ	h	Accounting fees (attach schedule)		,							
ķ	C	Other professional fees (attach schedule) . * .		22,055.	-						
ati	16 a b c 17 18 19 20 21 22	Interest	-								
istr	12	Taxes (attach schedule) (see instructions)ATCH . 3		6,455.		869.					
Ē	10	Depreciation (attach schedule) and depletion.		19,657.							
P	20	Occupancy		· <u></u>							
Υp	24	Travel, conferences, and meetings		<u></u>							
a	22										
Ē	22	Printing and publications		4,390.							
Operating	23 24	Total operating and administrative expenses.									
bel	24	Add lines 13 through 23		52,557.		869.					
O	25	Contributions, gifts, grants paid		326,400.					326,400		
	25 26	Total expenses and disbursements Add lines 24 and 25		378,957.		869.	-	(326,400		
_	27	Subtract line 26 from line 12	<u> </u>								
		Excess of revenue over expenses and disbursements		333,210.							
		Net investment income (if negative, enter -0-)		<u>,, </u>		o		•			
		Adjusted net income (if negative, enter -0-).						-			

JSA For Paperwork Reduction Act Notice, see instructions.

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*ATCH 2 65530.BF Form 990-PF (2012)

Part IV Capita	l Gains	and Losses for Tax on Inve	estment Income	(b) How		
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)					(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a						
<u>b</u>						
<u>c</u>						
<u>d</u>						
<u>e</u>					<u></u>	<u> </u>
(e) Gross sales pro	rice	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
_a		- <u>-</u>				
<u>b</u>				<u> </u>		
<u>c</u>			<u> </u>			
_d				 		
<u>e</u>			100100	 		
Complete only for	or assets s	showing gain in column (h) and owned			Gains (Col (h) g (k), but not less t	
(i) F M V as of 12/3	31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		Losses (from co	
<u>a</u>						
<u>b</u>	+					
<u>c</u>						
_d				 		
<u>e</u>			sain also enter in Bort I line 7	 		
2 Capital gain net in	come or		gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		
3 Net short term car	nital dain	or (loss) as defined in sections 12		 	·	
-		I, line 8, column (c) (see instr				
				3		
Part V Qualific	cation II	nder Section 4940(e) for Rec	duced Tax on Net Investment I			<u> </u>
			e section 4940(a) tax on net investi		ma)	
(i oi optional acc b)	4011100110	private realizations outly out to the	2 2001.01. 10 10(a) tax 011 110 1111000			
If section 4940(d)(2)	annlies l	eave this part blank				
		he section 4942 tax on the distrib not qualify under section 4940(e)	utable amount of any year in the b	ase peno	d?	Yes X No
			, see the instructions before making	any entr		
(a)		(b)		any cha	(d)	
Base period years Calendar year (or tax year be		Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution ra (col (b) divided by	
2011	giining iii)	773,468.	1,271,388.	 	(00) (0) 410,404 0)	0.608365
2010		221,769.	1,691,531.			0.131105
2009		447,749.	2,026,882.			0.220905
2008		379,725.	2,884,954.			0.131623
2007		243,334.	3,190,946.			0.076258
2 Total of line 1, co	olumn (d)			2		1.168256
3 Average distribut	tion ratio f	or the 5-year base period - divide	the total on line 2 by 5, or by the			
number of years	the found	ation has been in existence if less	than 5 years	3		0.233651
4 Enter the net value	ue of none	charitable-use assets for 2012 fro	m Part X, line 5	4		191,812.
						· <u> </u>
5 Multiply line 4 by	/ line 3			5		44,817.
	•					
6 Enter 1% of net in	nvestmen	t income (1% of Part I, line 27b)		6		
						
7 Add lines 5 and 6	3			7		44,817.
						 _
8 Enter qualifying d	distribution	ns from Part XII, line 4	n Part VI, line 1b, and complete t	8		947,122.
		ater than line 7, check the box i	n Part VI, line 1b, and complete t	that part	using a 1% ta	x rate. See the
Part VI instruction	is.					

			-	-
Form	990-PF (2012) THE BEATITUDE FOUNDATION, INC. 59-363	5206		Page 4
	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in			
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1		40.10	
та				
ь	Date of ruling or determination letter (attach copy of letter if necessary - see instructions) Domestic foundations that meet the section 4940(e) requirements in Part V, check			0
_	here $\blacktriangleright X$ and enter 1% of Part I, line 27b			
·	Part I, line 12, col (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
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-			0
6	Credits/Payments			
-	2012 estimated tax payments and 2011 overpayment credited to 2012 6a 6,721.			
	Exempt foreign organizations - tax withheld at source 6b			
	Tax paid with application for extension of time to file (Form 8868).			
ď	Backup withholding erroneously withheld 6d			
7	Total credits and payments Add lines 6a through 6d		6,7	21.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
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		6,7	721.
11	Enter the amount of line 10 to be Credited to 2013 estimated tax ► 6,721. Refunded ► 11			
Pai	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate		Yes	No
	or intervene in any political campaign?	1a		X
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the			
	definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities			
C	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			
	(1) On the foundation 🕨 \$ (2) On foundation managers 🕨 \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			
	foundation managers > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? STATEMENT B	2	Х	
	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 incorporation,			
	or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T 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		17	1
	with the state law remain in the governing instrument?	6	_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	7_	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	1		I

b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the			l .
	definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities			.,
C	Did the foundation file Form 1120-POL for this year?	1c		X
d				
	(1) On the foundation > \$ (2) On foundation managers > \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			
	foundation managers ▶ \$ Has the foundation engaged in any activities that have not previously been reported to the IRS? STATEMENT B	2	х	
		-		
	If "Yes," attach a detailed description of the activities			
	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	3	1	x
	or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	\vdash		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a 4b		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?			X
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<u> </u>
	If "Yes," attach the statement required by General Instruction T			
	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		Х	1
	with the state law remain in the governing instrument?	6	X	-
	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	7_	^_	-
а	Enter the states to which the foundation reports or with which it is registered (see instructions) FL,			
b	If 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 General Instruction G? If "No," attach explanation	8Ь	X	ļ
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete			
	Part XIV ,	9		Х
	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and			l
	addresses	10		Х
		Form 99	90-PF	(2012)

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PAGE 5

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 2012?

Form 990-PF (2012)

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Total number of other employees paid over \$50,000

3 NONE

Total. Add lines 1 through 3

All other program-related investments. See instructions

Pa	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign foundatio	ns,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	91,850.
С	Fair market value of all other assets (see instructions)	16	102,883.
d		1d	194,733.
е			
	1c (attach detailed explanation)]	
2	Acquisition indebtedness applicable to line 1 assets	2	
3		3	194,733.
4	Subtract line 2 from line 1d Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see	1	
	Instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	4	2,921.
5		5	191,812.
6	Minimum investment return. Enter 5% of line 5	6	9,591.
Pa	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ and do not complete this	part)	
1	Minimum investment return from Part X, line 6	1	9,591.
2a			
ь	Income tax for 2012 (This does not include the tax from Part VI)	7	
c		7 2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	9,591.
4	Recoveries of amounts treated as qualifying distributions		
5	Add lines 3 and 4) 1	9,591.
6	Deduction from distributable amount (see instructions)	6	_
7	Deduction from distributable amount (see instructions) Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1		9,591.
Pa	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а		1a	326,400.
b		1b	
2	Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	620,722.
3	Amounts set aside for specific charitable projects that satisfy the		
a		3a	
b		3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	947,122.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		<u> </u>
-	Enter 1% of Part I, line 27b (see instructions)	5	C
6	Adjusted qualifying distributions. Subtract line 5 from line 4		947,122.
•	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when ca		
	qualifies for the section 4940(e) reduction of tax in those years	•	

Page 9 Form 990-PF (2012) Part XIII Undistributed Income (see instructions) (d) (b) (c) (a) Years prior to 2011 2011 2012 Corpus Distributable amount for 2012 from Part XI, 9,591. Undistributed income, if any, as of the end of 2012 a Enter amount for 2011 only b Total for pnor years 20 10 20 09 20 08 Excess distributions carryover, if any, to 2012 91,861. a From 2007 235,477. **b** From 2008 348,467. c From 2009 138,200 d From 2010 710,369. e From 2011 f Total of lines 3a through e 1,524,374 Qualifying distributions for 2012 from Part XII, line 4 ▶ \$ _____947,122. a Applied to 2011, but not more than line 2a . . . b Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) 9,591. d Applied to 2012 distributable amount 937,531. e Remaining amount distributed out of corpus . . Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: 2,461,905 a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b Taxable 4a from line 2a Taxable amount - see f Undistributed income for 2012 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2013 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) . . . Excess distributions carryover from 2007 not 91,861 applied on line 5 or line 7 (see instructions) . . . Excess distributions carryover to 2013. 2,370,044. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9 235,477 a Excess from 2008 . . . 348,467 **b** Excess from 2009 . . . 138**,**200. c Excess from 2010 . . . 710,369. d Excess from 2011 . . . 937,531. e Excess from 2012 . . .

Form 990-PF (2012)

JSA 2E1490 1 000

c Any submission deadlines

Form 990-PF (2012)

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

Page 11

3 Grants and Contributions Paid Durin	ng the Year or Appr	oved for r	-uture Payment	
3 Grants and Contributions Paid Durin Recipient Name and address (home or business)	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
Name and address (home or business) a Paid during the year SEE ATTACHMENT A	or substantial contributor	recipient		326,400
Total			▶ 3a	326,400
b Approved for future payment				•

Part XVI-A Analysis of Income-Produ	icing Activ	vities			1 495 12
Enter gross amounts unless otherwise indicated		ated business income	Excluded by	y section 512, 513, or 514	(e)
-	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income
Program service revenue a					(See instructions)
a b				<u>-</u>	
с		<u> </u>	 		
d	<u></u> -				
е					
f			 		·
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	106.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property		-			
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events	_				
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b			ļ		
c					
d			<u> </u>		
е			<u> </u>	106	
12 Subtotal Add columns (b), (d), and (e)				106.	
13 Total. Add line 12, columns (b), (d), and (e)				13	106.
Part XVI-B Relationship of Activities		scomplishment of Ex	romnt Duen	0000	
Line No. Explain below how each activit accomplishment of the foundation	•				
. NOT APPLICABLE		··			
					
-					
-					
				· -	
	•				
				···· · · · · · · · · · · · · · · · ·	
	· · · · · ·				
		<u> </u>			
-					
					<u> </u>
					

Form 990	-PF (20				UNDATION, 1			59-363			ge 13
Part X	VII	Information R Exempt Organ		ansfers To	and Transac	tions a	nd Relation	ships With Non	chari	itable	•
1 Di	d the	organization direct	tly or indirectly	engage in a	ny of the follow	ing with	any other orga	nization described		Yes	No
ın	section	on 501(c) of the Co									-
	_	rs from the reportir	na foundation to	o a noncharit	ahie evemnt ord	anization	of:				
		h	-						1a(1)		х
		er assets							1a(2)		Х
		ansactions							13,17		
		es of assets to a no	ncharitable exe	empt organiza	tion				16(1)		Х
(2	,) Purc	chases of assets fro	om a noncharit	table exempt	organization				1b(2)		Х
(3) Ren	tal of facilities, equ	ipment, or othe	r assets					1b(3)		Х
		nbursement arrang							1b(4)		Х
		ns or loan guarante							1b(5)		Х
(6) Perf	ormance of service	es or members	hip or fundra	ising solicitations				1b(6)		Х
c SI	narıng	of facilities, equipr	ment, mailing li	sts, other ass	ets, or paid emp	oyees			1c		Х
								should always show			
va	lue of	f the goods, other	assets, or serv	vices given b	y the reporting	foundatio	n If the found	ation received less	than	fair m	arke
va	lue in							s, other assets, or s			
(a) Line	no	(b) Amount involved	(c) Name of	noncharitable ex	empt organization	- ` ` 		ers, transactions, and sha	nng arra	angeme	nts
		N/A	<u> </u>			N/A	<u> </u>				
	_										
							 				
	-										
	_		 			-					
	-		-			-		<u>-</u>			_
	+										
	_	···		.							
	_										
	_										-
						<u> </u>			-		
-			7								
			1								
de	escrib) of the Code (•	t organizations		es X] No
<u>b lf</u>	"Yes,'	" complete the follo		T							
		(a) Name of organization	on	(b)	Type of organization		'	(c) Description of relation	snip		
		· -		 							
						_					
				·							
				 			-				
-	Under	penalties of penury I ded	lare that I have exar	nined this return	including accompanying	schedules :	I and statements, and	to the best of my knowled	ge and	belief. it	ıs true
Sign	correct	, and complete Declaration of	of preparer (other than	taxpayer) is based	on all information of whi	ch preparer h	as any knowledge				
Here	 			111	-15-13	\triangleright C	Ire ctor		S discu: reparer		retum below
Here	Stans	atore of officer of trustee		Date	,	Title		(see instruction		Yes	No.
	تع ا				.1			1000 1100 10010	7		
	\vdash \lnot	Print/Type preparer's	s name	F pare	s/sygnature	1 0-	Date 1	Check If	PTIN		
Paid		WINSTON K HOW	ELL	V/l'lunt	Mocoul		Y 11/13/13	self-employed	P013	4740	9
Prepa	rer		HOMAS HOWE	LL FERGUS	ON P.A.			Firm's EIN ▶ 59-3	1863	10	
Use C	nly	Firm's address ▶ 26			., SUITE 20	0					

Phone no 850-668-8100

TALLAHASSEE, FL

32308

Schedule B (Form 990, 990-EZ,

(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

2012

Name of the organization			Employer identification number
THE BEATITUDE FOUND	DATION, INC.		59-3636206
Organization type (check or	ne)		
Filers of:	Section:		
Form 990 or 990-EZ	501(c)() (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated a	s a private foi	indation
	527 political organization	o a private loc	maduon
Form 990-PF	X 501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a	private founda	tion
	501(c)(3) taxable private foundation		
instructions	(7), (8), or (10) organization can check boxes for both the Gener	ral Rule and a S	Special Rule See
General Rule			
	on filing Form 990, 990-EZ, or 990-PF that received, during the y one contributor. Complete Parts I and II	year, \$5,000	or more (in money or
Special Rules			
under sections 50	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1.09(a)(1) and 170(b)(1)(A)(v _i) and received from any one contrib \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line and II	utor, during th	e year, a contribution of
during the year, to	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that rotal contributions of more than \$1,000 for use <i>exclusively</i> for relaposes, or the prevention of cruelty to children or animals. Com	ligious, charita	ble, scientific, literary,
during the year, c not total to more t year for an <i>exclusi</i> applies to this org	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that rontributions for use exclusively for religious, charitable, etc., pur than \$1,000. If this box is checked, enter here the total contributively religious, charitable, etc., purpose. Do not complete any of panization because it received nonexclusively religious, charitable ear	rposes, but the utions that wer f the parts unle le, etc , contri	ese contributions did e received during the ss the General Rule butions of \$5,000 or
990-EZ, or 990-PF), but it m	at is not covered by the General Rule and/or the Special Rules oust answer "No" on Part IV, line 2 of its Form 990, or check the D-PF, to certify that it does not meet the filing requirements of S	e box on line H	of its Form 990-EZ or on
For Paperwork Reduction Act Not	tice, see the Instructions for Form 990, 990-EZ, or 990-PF.	Schedule	B (Form 990, 990-EZ, or 990-PF) (2012

Name of organization THE BEATITUDE FOUNDATION, INC.

Employer identification number 59-3636206

Part I	Contributors (see instructions). Use duplicate copies of Part	l if additional space is need	ed.
(a)	(b)	(c)	

			· · · · · · · · · · · · · · · · · · ·
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
~ - 1 -	MAINLINE INFORMATION SYSTEMS, INC. 1700 SUMMIT LAKE DRIVE TALLAHASSEE, FL 32317	\$700,000.	Person X 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
2-	RICHARD S. KEARNEY 6949 MCBRIDE POINT TALLAHASSEE, FL 32312	\$ <u>12,061</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization THE BEATITUDE FOUNDATION, INC.

Employer identification number

59-3636206

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

Name of organization THE BEATITUDE FOUNDATION, INC.

Employer identification number

59-3636206

	For organizations completing Part III, econtributions of \$1,000 or less for the	nter the total of exclusi	vely religious, c	haritable, etc.,			
	Use duplicate copies of Part III if addition	•	nation once. Se	e instructions.)			
	T addition	onai space is needed.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	gift	(d) Description of how gift is held			
		(e) Transfer of gift					
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of (gift	(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4		Relation	nship of transferor to transferee			
		- 					
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	gift	(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held			
			- -				
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
							

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations

59-3636206

THE BEATITUDE FOUNDATION, INC.

16,818. 22. 17,170 17,170 Current-year depreciation Current-year amortization Current-year 179 expense ACRS CRS class class Ę 5 000 22. A461 30 000 S S ΗX ₹ 200DB Me Accumulated Accumulated amortization amortization Code 2,150. A248 Beginning Ending Accumulated depreciation depreciation 352 16,818. 17,170 2,172. 17,170 2,150 2,150. Basis for depreciation 2,465. 924, 596. 927,061 927,061 Basis Reduction 2,465. 2,465 2,465 179 exp reduction in basis 100 000 100 000 Bus. % Unadjusted Cost or basis 4,930. 924,596. 2.954. 929,526 929,526 804 Cost or basis Date placed in service Subtotals 04/18/2012 05/08/2012 Date placed in service 01/15/2002 02/28/2012 Less Retired Assets Less Retired Assets Subtotals Asset description Asset description **Description of Property** GENERAL DEPRECIATION
DEPRECIATION **AMORTIZATION** ORGANIZATION COSTS RENAISSANCE CENT Listed Property FURNITURE - RC TOTALS. TOTALS. LOAN FEES

*Assets Retired JSA 2X9024 1 000

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PAGE 29

\$ 326,400

59-3636206

FORM 990-PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RECIPIENT NAME	ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
ABILITYIST	1823 BUFORD COURT TALLAHASSEE, FL 32308	CHARITABLE ORG	PAYMENTS FOR PROGRAMS SERVING THE DISABLED	2,500
LEON ALLIANCE FOR BETTER COUNTY SCHOOLS	519 E PARK AVENUE TALLAHASSEE FL 32301	CHARITABLE ORG	PAYMENTS FOR EDUCATION ENHANCEMENT PROGRAMS	1 (900
BIG BEND HOMELESS COALITION	2729 W PENSACOLA STREET TALLAHASSEE, FL 32304	CHARITABLE ORG	PAYMENTS FOR INDIGENT CARE PROGRAMS	33,075
BIG BEND HOSPICE FOLINDATION	1723 MAHAN CENTER BOULEVARD TALLAHASSEE FL 32308	CHARITABLE ORG	PAYMENTS FOR EVENTS AND SERVICES	900
BOYS TOWN NORTH FLORIDA	3555 COMMONWEALTH BOULEVARD TALLAHASSEE, FL 32303	CHARITABLE ORG	PAYMENTS FOR HOUSING	000'1
CAPITAL CITY YOUTH SERVICES	2407 ROBERTS AVENUE TALLAHASSEE, FL 32310	CHARITABLE ORG	PAYMENTS FOR YOUTH SERVICES	8,000
CATHOLIC CHARITIES OF NORTHWEST FLORIDA	1000 W GARDEN STREET PENSACOLA FL 32502	CHARITABLE ORG	PAYMENTS FOR EVENTS AND SERVICES	70,000
CAREER EDUCATION SCHOLARSHIP FUND	231 NORTH MARTINGALE ROAD SCHAUMBURG, 1L 60173	CHARITABLE ORG	PAYMENTS FOR SCHOLARSHIP PROGRAMS	200
THE CHELSEA HOUSE	P O BOX 10547 TALLAHASSEE, FL 32302	CHARITABLE ORG	PAYMENTS FOR WOMENS' SERVICES	1,000
CHILDREN'S HOME SOCIETY OF FLORIDA	1485 SOUTH SEMORAN BOULEVARD, STE 1448 WINTER PARK, FL 32792	CHARITABLE ORG	PAYMENTS FOR YOUTH PROGRAMS	800
ЕСНО	702 WEST MADISON STREET TALLAHASSEE FL 32304	CHARITABLE ORG	PAYMENTS FOR FAMILY SERVICE PROGRAMS	20,000
ELDER CARE SERVICES, INC	2518 WEST TENNESSEE STREET TALLAHASSEE, FL 32304	CHARITABLE ORG	PAYMENTS FOR EVENTS AND SERVICES	250
THE FOUNDATION FOR LEON COUNTY SCHOOLS	2757 WEST PENSACOLA STREET TALLAHASSEE FL 32304	CHARITABLE ORG	PAYMENTS FOR SCHOLARSHIP PROGRAMS	200
GOOD NEWS OUTREACH	242 LAFAYETTE CIRCLE TALLAHASSEE, FL 32303	CHARITABLE ORG	PAYMENTS FOR CONSTRUCTION OF AFFORDABLE HOUSING	000'001
GOODWILL INDUSTRIES - BIG BEND INC	300 MABRY STREET TALLAHASSEE FL 32304	CHARITABLE ORG	PAYMENTS FOR PROGRAM SERVICES	200
JOHN G RILEY HOUSE AND MUSEUM	419 EAST JEFFERSON STREET TALLAHASSEE, FL 32301	CHARITABLE ORG	PAYMENTS FOR EVENTS AND NEW EVHIBITS	800
JOHN PAUL II CATHOLIC HIGH SCHOOL	5100 TERREBONE DRIVE, SOUTHWOOD TALLAHASSEE FL 32311	CHARITABLE ORG	PAYMENTS FOR CHURCH EVENTS AND SERVICES	30,000
KIDS INCORPORATED OF THE BIG BEND	1170 CAPITAL CIRCLE NORTHEAST TALLAHASSEE FL 32301	CHARITABLE ORG	PAYMENTS FOR YOUTH PROGRAMS	100
PACE CENTER FOR GIRLS	1344 CROSS CREEK CIRCLE TALLAHASSEE, FL 32301	CHARITABLE ORG	PAYMENTS FOR YOUTH SERVICES	1,000
REFUGE HOUSE	P O BOX 20910 TALLAHASSEE FL 32316	CHARITABLE ORG	PAYMENTS FOR INDIGENT HOUSING PROGRAMS	1 000
RONALD MCDONALD HOUSE CHARITIES OF TALLAHASSEE, INC	712 EAST SEVENTH AVENUE TALLAHASSEE, FL 32303	CHARITABLE ORG	PAYMENTS FOR EVENTS AND SERVICES	375
TALLAHASSEE MUSEUM	3945 MUSEUM ROAD TALLAHASSEE, FL 32310	CHARITABLE ORG	PAYMENTS FOR EXHIBIT REPAIRS	200
TALLAHASSEE POLICE ATHLETIC LEAGUE	234 EAST SEVENTH AVENUE TALLAHASSEE, FL 32303	CHARITABLE ORG	PAYMENTS FOR YOUTH SERVICES	200
TALLAHASSEE COMMUNITY COLLEGE FOUNDATION INC	444 APPLEYARD DRIVE TALLAHASSEE FL 32304	CHARITABLE ORG	PAYMENTS FOR SCHOLARSHIP PROGRAMS	25,000
THE ARC BIG BEND	P O BOX 912 MADISON, FL 32340	CHARITABLE ORG	PAYMENTS FOR PROGRAMS SERVING THE DISABLED	1,000
тне знегтек	P O BOX 4049 TALLAHASSEE FL 32315	CHARITABLE ORG	PAYMENTS FOR CHRISTIAN YOUTH SERVICES	000 1

TOTAL CONTRIBUTIONS PAID

BEGINNING APRIL 18, 2012, THE BEATITUDE FOUNDATION, INC. (BEATITUDE) COMPLETED CONSTRUCTION ON A BUILDING LOCATED IN TALLAHASSEE, FLORIDA. THE BUILDING IS USED TO PROVIDE A CENTRAL LOCATION FOR LOCAL NON-PROFIT AGENCIES AND ORGANIZATIONS TO MEET WITH AND EVALUATE INDIVIDUALS FOR POSSIBLE INCLUSION IN THEIR PROGRAMS.

ATTACH

	NET INVESTMENT INCOME	1. 105.	106.
I - DIVIDENDS AND INTEREST FROM SECURITIES	REVENUE AND EXPENSES PER BOOKS	1.	106.
AND INTEREST			TOTAL
- DIVIDENDS			
PART I -		INTERESTINTEREST	
FORM 990PF, PART	DESCRIPTION	E*TRADE - IN REGIONS - IN	
FOR	DES	E*T REG	

CHARITABLE PURPOSES		
ADJUSTED NET INCOME		
NET INVESTMENT INCOME		
REVENUE AND EXPENSES PER BOOKS	125.	22,055.
DESCRIPTION	FIRST AMERICAN TITLE INSURANCE CONSULTING SERVICES	TOTALS

ATTACHMENT 3

INC.	
FOUNDATION,	
BEATITUDE	
THE	

TAXES

PART I

FORM 990PF,

CHARITABLE PURPOSES		
ADJUSTED NET INCOME		
NET INVESTMENT INCOME	869.	8698
REVENUE AND EXPENSES PER_BOOKS	6,455.	6,455.
		TOTALS
DESCRIPTION	PROPERTY TAXES	

ATTACHMENT

59-3636206

- OTHER EXPENSES PART I FORM 990PF,

DESCRIPTION MISCELLANEOUS INSURANCE

AND EXPENSES	PER BOOKS	386.	4,004.
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REVENUE

4,390.

TOTALS

NET	INVESTMENT	INCOME
-----	------------	--------

ADJUSTED	NET	INCOME
----------	-----	--------

ATTACHMENT 5	ACCUMULATED DEFRECIATION DETAIL	ENDING DISPOSALS BALANCE BALANCE	.8 16,818.	352. 352.	17,170
	ACCUMULATED	BEGINNING BALANCE ADDITIONS	16,818	35	
	FIXED ASSET DETAIL	ENDING DISPOSALS BALANCE	924,596.	4,930.	929, 526
	FIXED AS	BEGINNING BALANCE ADDITIONS	924,596.	4,930.	
		METHOD/ CLASS	M39	L W	
		ASSET DESCRIPTION	RENAISSANCE CENT	FURNITURE - RC	TOTALS

ATTACHMENT 5 PAGE 23

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ATTACHMENT

THE BEATITUDE FOUNDATION, INC.

- OTHER ASSETS PART II FORM 990PF, ENDING

BOOK VALUE

2,150. -2,172. 801.

804.

1,583.

TOTALS

ORGANIZATIONAL COSTS ACCUMULATED AMORTIZATION UTILITY DEPOSITS LOAN TO GOOD NEWS OUTREACH LOAN FEES

DESCRIPTION

ATTACHMENT 6 PAGE 24 THE BEATITUDE FOUNDATION, INC.

44 10 - 14

59-3636206

FORM 990PF, PART II - OTHER LIABILITIES

ENDING
BOOK VALUE

COMMUNITY REDEVELOPMENT LOAN - CITY OF TALLAHASSEE

TOTALS

ATTACHMENT 7

ENDING
BOOK VALUE

47,937.

DIRECTORS, AND TRUSTEES
DIRECTORS,
LIST OF OFFICERS,
t II
E, PART VIII
FORM 990PF.

THE BEATITUDE FOUNDATION, INC.

59-3636206

ATTACHMENT 8

	0	0	0
	0	0	0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	PRESIDENT/DIRECTOR	VICE PRESIDENT/DIRECTOR	DIRECTOR
NAME AND ADDRESS	RICHARD S. KEARNEY 1700 SUMMIT LAKE DRIVE TALLAHASSEE, FL 32317	SHERRY THOMPSON 1700 SUMMIT LAKE DRIVE TALLAHASSEE, FL 32317	KIMBERLY D GARNER 1700 SUMMIT LAKE DRIVE TALLAHASSEE, FL 32317

0

0

0

GRAND TOTALS

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172

Attachment Sequence No

Department of the Treasury Internal Revenue Service Name(s) shown on return

Business or activity to which this form relates

THE BEATITUDE FOUNDATION, INC.

► See separate instructions.

Identifying number 59-3636206

G	<u>ENERAL DEPRECIATION</u>								
Pa	Tt I Election To Expense Co Note: If you have any list				vou comple	ote Part I			
_								1	
1 2	Maximum amount (see instructions). Total cost of section 179 property pla		2						
3	Threshold cost of section 179 property pio		3						
-		4							
5	Reduction in limitation Subtract line Dollar limitation for tax year Subtract line 4 from separately, see instructions	line 1 If zero or less, enter -	0- If marned filmo				· · ·	5	
_6	(a) Description	of property		(b) Cost (bu	isiness use only	(c) Elect	ed cost		
7	Listed property Enter the amount fro	m line 29			7	<u> 1</u>			
8	Total elected cost of section 179 pro							8	
9	Tentative deduction Enter the smalle	r of line 5 or line 8						9	
10	Carryover of disallowed deduction from							10	
11	Business income limitation Enter th							11	
12	Section 179 expense deduction Add							12	
13	Carryover of disallowed deduction to				. 🕨 📗 13	<u> </u>			
	e: Do not use Part II or Part III below for								
Pa	rt II Special Depreciation A							See II	nstructions)
14	Special depreciation allowance for								0.465
	during the tax year (see instructions)							14	2,465
	Property subject to section 168(f)(1)							15	
16	Other depreciation (including ACRS)			(0 :			• • •	16	<u> </u>
Pa	rt MACRS Depreciation (I	o not include listed			ructions)				
				tion A				- 	T
17	MACRS deductions for assets place							17	
18	If you are electing to group any a						al		
	asset accounts, check here Section B - Assets						:-	 	
	Section B - Assets	(b) Month and year				General Dep	Tecial	1011 5	ystem
	(a) Classification of property	placed in service	(business/inve only - see in	estment use	(d) Recovery period	(e) Convention	(f) Me	ethod	(g) Depreciation deduction
19a	3-year property	SEE					 		
	5-year property	DETAIL			 		<u> </u>		
	7-year property	<u> </u>	_	2,465.	7.000	НҮ	201	0 DB	352.
	10-year property	4		***			<u> </u>		
	15-year property	-							•
_	20-year property	-			25		 _	,,	
_	25-year property	 	_		25 yrs	8484	 	<u>/L</u>	
ħ	Residential rental				27 5 yrs	MM	+	/L /L	
	property	04/10/2012	0.2	1 FOC	27 5 yrs	MM	-	/L	16 010
i	Nonresidential real	04/18/2012	92	4,596.	39 yrs	MM	-	<u>/L</u> /L	16,818.
	property	Nacadia Camiaa D					1		Sunta-
	Section C - Assets F	Placed in Service L	uring 2012	lax tear	Using the A	Aiternative De			System
	Class life	-		-	12 yrs		+	/L	
	12-year				12 yrs	MM	+	/L	_
	40-year rt IV Summary (See instruction	one)			40 yrs	141141		/L	<u>.</u>
								24	
21	Listed property Enter amount from li			20		lung 21 Fata-	 bors	21	-
22	Total. Add amounts from line 12, I							22	19,635
	and on the appropriate lines of your r					 	• • •	22	19,033
23	For assets shown above and place portion of the basis attributable to se								
	portion of the basis attributable to se	e separate instruction		<u></u>	<u> 23</u>	1			5 4562 (2012)

Form	n 45 62 (2012)											39	-3030	200	Page 2
Pa	entertainm	operty (Include ent, recreation, o	r amusem	ent.)						-				-	
	Note: For a 24b, column	nny vehicle for wh is (a) through (c) of	nch you ar Section A,	e using all of S	g the st ection B,	andard and S	f mileag ection C	ge rat Cıfap	te or ded plicable	ducting	lease	expense	, сотр	lete on	i ly 24a
		- Depreciation and								ımıts for	passer	nger aut	omobile	s)	
24a	Do you have evidend	e to support the bus	iness/investn	nent use	claimed?	Υ [es	No	24b If "\	es," is t	he evide	nce writte	en?	Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment us percentage	se Cost	(d) or other ba		(e) sis for depri usiness/inve	estment	(f) Recovery period		g) hod/ ention	Depre	h) eciation action	(i Elected 179	section
25	Special depreciation	•	lified listed		•			_		·	7.5				
	year and used more to Property used more				iiisti uctio	115)	• • • •	• • •	· · · · · ·		. 25	l		L	
26	Property used more	Tan 50% in a quaine		%			•		Г			1		ſ 	
			-	%		\dashv			 						
				%		-			 			 		<u> </u>	-
~	Department 50%	- less is a sublified by	1010000 1100	70					<u> </u>	l					
27	Property used 50% of	r iess in a qualified bu	Isiness use	٠,١		1			т	S/L -		T			
			 	% %						S/L -				ĺ	
				%			-							ĺ	
			L						L	S/L -	1			ĺ	
28	Add amounts in colu											<u>!</u>	1	 	
29	Add amounts in colu	mn (i), line 26 Ente											. 29	L	
	nplete this section for		sole proprie	tor, par		ther "n	nore that	n 5% d	owner," or				provided	vehicles	to you
emp	oloyees, first answer th	e questions in Section	on C to see if	you mee	et an exce	eption to	o comple	eting th	nis section	for those	e vehicle	es 			
					(a)		(b)	١.,	(c)		d)		e)		f)
30	Total business/inve		•	ven	nicle 1	ver	ncle 2	"	ehicle 3	Ven	ıcle 4	ven	ide 5	Veni	ıcle 6
31	Total commuting mi	les driven during the	e year									<u> </u>			•
32		onal (noncommuti													
	driven	•	•												
33															
••	30 through 32														
34	Was the vehicle			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
•	during off-duty hours	•													
35															
-	than 5% owner or rel			i					-						
36		cle available for					1			1					
30	use?		•											i '	İ
		ection C - Questi		nlove	re Who	Prov	ida Val	hicles	for He	by Th	eir En	nlove	96		
۸	swer these question									-				uho arc	a not
	re than 5% owners				eption to	Com	pieting .	Section	י וטו פ וווי	reliicies	useu	Jy ellipi	oyees v	VIIO ale	ilot
														Yes	No
37	•													100	111
38	your employees? Do you maintain a	written policy stat	ement that	nrohibit	s nerson		of vehi	cles e	excent co	mmuting	 . bv vo	our empl	lovees?		
30	See the instructions														
39	Do you treat all use													-	
40	Do you provide	more than five v	ehicles to	VOLIT 4	emplovee		aın ınfo	 ormatic	on from	vour e		es abou	ut the		
70															
44	use of the vehicles, a	anu retain the iniOffic	nina auglific	r d autor	obile do	monetr	ation in	 e? /sc	e instruct	one \	• • • •			-	
47	Note: If your answer										• • • •		• • • •	-	<u> </u>
D.	art VI Amortizat		, , , , , , , , , , , , , , , , , , ,	.5 ,101 01			2 , 3, 1,16	557616		•					_
Гс	AIIIOI IIZA	<u></u>	T		1						1 1	e)			
	(a) Description	of costs	Date amo	tization	An	(c) nortizabl) e amount		(d) Code se		Amort	ization od or entage	Amortiza	(f) ation for th	hıs year
42	Amortization of cos	sts that begins during	ng your 201	2 tax v	ear (see	ınstruc	ctions)								
	SEE AMORTIZAT		<u> </u>	7	1		804.				Ţ	T			22
	ODD MIORITARI	TOR DUITIE			 			-+			<u> </u>	+			
43	Amortization of cost	s that began before	VOUR 2012 to	k vear	1						1	43			
44	Total. Add amounts	in column (f). See th	ne instruction	s for wh	ere to ren	ort		• • •				44			22
JSA		30.0 (1)			<u> </u>	• • •	····	<u></u>	<u></u>	· · · · ·	<u> </u>	1	Fo	m 4562	

(Rev January 2013)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Internal Revenue		► File a	separate ap	plication for each return.					
		▶ X							
 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box if you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) 									
		unless you have already been gran					i		
a corporation	n required t	You can electronically file Form (to file Form 990-T), or an addition tension of time to file any of the	al (not aut	omatic) 3-month exten	sion of time. You can	electronically	y file Form		
Return for 1	Transfers A	ssociated With Certain Persona	ionns liste I Renefit <i>(</i>	Contracts which must	t he sent to the IRS	in naper fr	inormation		
instructions).	For more	details on the electronic filing of th	is form, vis	st www.irs gov/efile an	d click on <i>e-file for Cha</i>	arities & Nonc	orofits		
		-Month Extension of Time. On							
		to file Form 990-T and requesting	•	<u> </u>		molete			
							_ [
All other cor	norations (ine DEMIC	`	Form 7004 to request of		P		
to file income			ips, reivile	os, and irusis musi use r	•				
to me mcom		s. cempt organization or other filer, see in	etructione		Enter filer's identify				
Type or	Maine or ex	tempt organization of other filer, see in	structions.		Employer identification r	number (EIN) o	r		
print	 , _								
File by the		atitude Foundation, Inc reet, and room or suite no. If a PO box		tions.	X 59-36362				
due date for				MONS.	Social security number (SSN)			
filing your retum. See		mmit Lake Drive, Suite		, 					
instructions	City, town	or post office, state, and ZIP code. For	a toreign ad	aress, see instructions.					
	Tallaha	assee,FL 32317					 		
Enter the Re	turn code i	or the return that this application i	is for (file a	a separate application fo	or each return)		0 4		
Application			Return	Application			Return		
ls For			Code	Is For			Code		
Form 990 or	Form 990-	EZ	01	Form 990-T (corporat	non)		07		
Form 990-Bl			02	Form 1041-A	3011)		08		
Form 4720-			03	Form 4720			09		
Form 990-PF			04	Form 5227			10		
		a) or 408(a) trust)	05	Form 6069	· · ·	_			
		a) or 408(a) trust)	06				11		
1 01111 990-1	(trust other	r than above)		Form 8870			12		
Telephone If the orga	e No ► anization de	care of ► <u>CLAUDE R.</u> 850-219-8216 Des not have an office or place of the second se	l		ck this box		▶□		
		Return, enter the organization's fo					IS IS		
		eck this box ▶		art of the group, check t	this box ▶	· 💹 and atta	ach		
		nd EINs of all members the extens							
		matic 3-month (6 months for a cor			-				
until	08/1	 ''	exempt or	ganization return for the	e organization named	above The ex	xtension is		
		on's return for:							
▶ <u>x</u>	calendar y	ear 20 <u>1 2</u> or							
▶	tax year be	eginning	, 20	, and ending		, 20			
	=	ered in line 1 is for less than 12 m	onths, che	ck reason. Initial r	eturn Final retu	אנע			
	/go a	occurring porter							
3a If this	application	is for Form 990-BL, 990-PF, 99	90-T, 4720), or 6069, enter the	tentative tax, less an	ıy			
nonref	undable cre	edits See instructions.				3a \$ /	000		
b If this	application	n is for Form 990-PF, 990-T,	4720, oi	r 6069, enter any re	efundable credits and				
		ments made Include any prior yea		_		3b \$ 6, 7	721		
		tract line 3b from line 3a Include					· - 1		
(Electr	onic Federa	al Tax Payment System). See instru	ctions			3c \$ No.			
		to make an electronic fund withdrawa		orm 8868, see Form 8453	3-EO and Form 8879-EO				
For Privacy A	Act and Pap	erwork Reduction Act Notice, see Inst	ructions.			Form 8868	(Rev 1-2013)		

Form 8868 (R	lev 1-2013)				Page 2				
	e filing for an Additional (Not Automatic) 3-Mo								
	complete Part II if you have already been grain			on a previously filed Form 8868	•				
	e filing for an Automatic 3-Month Extension,	complete o	only Part I (on page 1).	inal (na canica naedad)					
Part II	Additional (Not Automatic) 3-Month Ex	ctension o							
	I Name of exempt organization or other filer, see instructions. Enter filer's identifying number, see instructions. Employer identification number (EIN)								
_	Name of exempt organization or other filer, see in	istructions.		Employer identification number (E	1147 01				
Type or									
print	The Beatitude Foundation, Inc. Number, street, and room or suite no. If a P.O. bo		otions	X 59-3636206 Social security number (SSN)					
File by the	1		cuoris.	Social security number (GOIV)					
due date for filing your	2073 Summit Lake Drive, Suite 155 City, town or post office, state, and ZIP code. For a foreign address, see instructions.								
return See		a loleigh au	uiess, see iiisuucuoris.						
instructions	Tallahassee, FL 32317								
	Return code for the return that this application			ach return)	. 0 4 Return				
Application	n	Return	Application		Code				
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	or Form 990-EZ	01	- 4044 A	an ediləti	000				
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) (individual)	03	Form 4720		09				
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	T (trust other than above)	06	Form 8870	raion on a proviously filed For					
	not complete Part II if you were not already		automatic 3-month exter	ision on a previously med For	11 5000.				
	oks are in the care of CLAUDE R. W		EAVNO D. 050 010						
	ne No. ► 850-219-8216 ganization does not have an office or place of		FAX No. ► 850-219-		-				
	for a Group Return, enter the organization's fo				ie ie				
	ole group, check this box								
	e names and EINs of all members the extension		art of the group, check this	box	acira				
	uest an additional 3-month extension of time u		WEMPER 15	, 20 <u>13</u>					
	calendar year 2012 , or other tax year beginn				20 .				
	tax year entered in line 5 is for less than 12 m								
	Change in accounting period								
7 State	in detail why you need the extension <u>INFO</u>	RMATION	REQUIRED TO COMPI	<u>ETE RETURN HAS NOT Y</u>	ET				
BEE	EN RECEIVED.								
0 - IS Ab.		00 T 4720	or 6060, enter the ten	tativo tax loss any					
	s application is for Form 990-BL, 990-PF, 9	90-1, 4/20	o, or 6069, enter the ten		NONE				
	efundable credits See instructions.	4720 0	s 6060 optos any refur	8a \$	NONE				
	is application is for Form 990-PF, 990-T,								
	nated tax payments made. Include any pr	ioi yeai (overpayment allowed as	h 1 _	NONE				
	unt paid previously with Form 8868. nce Due. Subtract line 8b from line 8a. Include		pont with this form if requi	red by using FETPS	NONE				
			nent with this form, if requi		NON				
(Elec	ctronic Federal Tax Payment System). See Instru		et he completed for E	8c \$	NON				
	Signature and Verific ties of perjury, I declare that I have examined this form, rect, and complete, and that I am authorized to prepare this form.	including ac			dge and belief,				
Signature >	Stacy T. Kolka		Title ► CPA	Date ► 8-2-	2013				
				Form 8868	(Rev 1-2013)				