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DLN: 93491296004093

OMB No 1545-0052

Department of the Treasury

Internal Revenue Service

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

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

Open to Public Inspection

For	cale	endar year 2012, or tax year beginning 06-	01-2012 , and	l end	ling 05-31-	2013			
		undation			A Employer id	entification numbe	er		
		NONA MCKINNEY CHARITABLE TR RUST BANK			59-7001925				
Num	ber and	d street (or P O box number if mail is not delivered to street address	Room/suite		B Telephone nu	ımber (see ınstructior	ıs)		
		ANGE AVE SOAB-10		(407) 237-4485	5				
		n, state, and ZIP code FL 32801			C If exemption	application is pendin	g, check here 🕨		
G C	heck a	Final return Amended retu	f a former public chai rn	nty	2. Foreign o	rganizations, check he rganizations meeting e and attach comput:	the 85% test,		
_		ype of organization			CHECK HEI	e and attach compan	30011		
I Fa	ır marl year <i>(1</i>	ket value of all assets at end from Part II, col. (c), \$\begin{align*} 1 & \text{Accounting method} & \text{Tother (specify)} & \text{Part I, column (d) must} & \text{Part I, column (d) must} & \text{Tother (specify)} & \text{Part I, column (d) must} & \text{Tother (specify)} & \text{Part I, column (d) must} & \text{Tother (specify)} & \text{Part I, column (d) must} & \text{Tother (specify)} & \text{Part I, column (d) must} & Part I, column (Cash Accr		under sectio F If the founda	undation status was t n 507(b)(1)(A), chec ation is in a 60-montl n 507(b)(1)(B), chec	k here F		
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)	(a) Revenue and expenses per books	(b) I	Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)		
	1	Contributions, gifts, grants, etc , received (attach schedule)							
	2	Check F , if the foundation is not required to attach Sch B							
	3	Interest on savings and temporary cash investments							
	4	Dividends and interest from securities	31,615		31,615				
	5a	Gross rents							
	ь	Net rental income or (loss)							
Revenue	6a	Net gain or (loss) from sale of assets not on line 10	114,401						
	ь	Gross sales price for all assets on line 6a1,046,257							
ě	7	Capital gain net income (from Part IV , line 2)			114,401				
ď	8	Net short-term capital gain							
	9	Income modifications							
	10a	Gross sales less returns and allowances							
	b	Less Cost of goods sold							
	c	Gross profit or (loss) (attach schedule)							
	11	Other income (attach schedule)	1,303						
	12	Total. Add lines 1 through 11	147,319		146,016				
	13	Compensation of officers, directors, trustees, etc	15,109		12,087		3,022		
ķ	14	Other employee salaries and wages							
Š	15	Pension plans, employee benefits							
Expenses	16a	Legal fees (attach schedule)							
	b	Accounting fees (attach schedule)			1,924		481		
₹	C	Other professional fees (attach schedule)	4,000				4,000		
rat	17	Interest	AST.						
¥	18	Taxes (attach schedule) (see instructions)	352		352				
Operating and Administrative	19	Depreciation (attach schedule) and depletion							
	20	Occupancy							
	21	Travel, conferences, and meetings							
	22	Printing and publications	05 □ 4.055						
	23	Other expenses (attach schedule)	1,065						
ម ខ	24	Total operating and administrative expenses.	22.02.1		44.000		7		
ā		Add lines 13 through 23	22,931		14,363		7,503		
_	25	Contributions, gifts, grants paid	82,000		14 000		82,000		
	26	Total expenses and disbursements. Add lines 24 and 25	104,931		14,363		89,503		
	27	Subtract line 26 from line 12	40.000						
	a	Excess of revenue over expenses and disbursements	42,388		131 (53				
	b	Net investment income (if negative, enter -0-)			131,653				
	С	Adjusted net income (If negative, enter -0-)							

Pa	rt II	Balance Sheets Attached scriedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Boo			(c) Fair Market Value
	1	Cash—non-interest-bearing	.,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		十	
	2	Savings and temporary cash investments	41,174		44,3	397	44,397
	3	Accounts receivable 🟲				\dashv	
		Less allowance for doubtful accounts 🕨					
	4	Pledges receivable -				\dashv	
	_	Less allowance for doubtful accounts 🕨					
	5	Grants receivable				\dashv	
	6	Receivables due from officers, directors, trustees, and other				\dashv	
	_	disqualified persons (attach schedule) (see page 15 of the					
		instructions)					
	7	Other notes and loans receivable (attach schedule)				\dashv	
	_						
2		Less allowance for doubtful accounts 🕨					
sets	8	Inventories for sale or use				4	
Яδ	9	Prepaid expenses and deferred charges				4	
	10a	Investments—U S and state government obligations (attach schedule)				4	
	b	Investments—corporate stock (attach schedule)	1,045,749		1,132,4	164	1,226,055
	С	Investments—corporate bonds (attach schedule)	305,912	93	258,3	362	260,120
	11	Investments—land, buildings, and equipment basis					
		Less accumulated depreciation (attach schedule)					
	12	Investments—mortgage loans				\perp	
	13	Investments—other (attach schedule)				_	
	14	Land, buildings, and equipment basis 🟲					
		Less accumulated depreciation (attach schedule)				_	
	15	Other assets (describe 🟲)					
	16	Total assets (to be completed by all filers—see the					
		ınstructions Also, see page 1, item I)	1,392,835		1,435,2	223	1,530,572
	17	Accounts payable and accrued expenses					
	18	Grants payable					
Itles	19	Deferred revenue					
	20	Loans from officers, directors, trustees, and other disqualified persons					
Liabi	21	Mortgages and other notes payable (attach schedule)					
_	22	Other liabilities (describe 🟲)					
	22	Tabel Cabillation (add by an 4.7 kbm web 2.2)					
	23	Total liabilities (add lines 17 through 22)				\dashv	
		and complete lines 24 through 26 and lines 30 and 31.					
S do	24	Unrestricted					
or Fund Balances	25	Temporarily restricted					
ଷାପ	26	Permanently restricted					
3 8	20	Foundations that do not follow SFAS 117, check here					
nu		and complete lines 27 through 31.					
rΕ	27	Capital stock, trust principal, or current funds	1,392,835		1,435,2	223	
	28	Paid-in or capital surplus, or land, bldg, and equipment fund					
Assets	29	Retained earnings, accumulated income, endowment, or other funds					
ΑS	30	Total net assets or fund balances (see page 17 of the					
Net	30	Instructions)	1,392,835		1,435,2	223	
Z	31	Total liabilities and net assets/fund balances (see page 17 of	1,332,033		1,100,2		
	31	the instructions)	1,392,835		1,435,2	223	
			1,332,033		1,133,2	-23	
Pa	rt II	Analysis of Changes in Net Assets or Fund Balances					
1		Total net assets or fund balances at beginning of year—Part II, column	(a), line 30 (must a	gree			
		with end-of-year figure reported on prior year's return)			1		1,392,835
2		Enter amount from Part I, line 27a			2		42,388
3		Other increases not included in line 2 (itemize)			3		
4		Add lines 1, 2, and 3			4		1,435,223
5		Decreases not included in line 2 (itemize)			5		
6		Total net assets or fund balances at end of year (line 4 minus line 5)—F	art II, column (b), l	ıne 30 🔒	6		1,435,223

Part .	90-PF (2012)		· · · · · · ·			Page 3
	Capital Gains ar	nd Losses for Tax on Inve	stment Income	(b) How acquired	ıl	Ι
		ne kınd(s) of property sold (e g , re ise, or common stock, 200 shs M		P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a	SUNTRUST BANK ACC	OUNT 5602436		Р		
b	SUNTRUST BANK ACC	OUNT 5602436		Р		
С						
d						
e						
	e) Gross sales price	(f) Depreciation allowe (or allowable)	1	t or other basis xpense of sale		ı or (loss) i) mınus (g)
a	183	,249	F	178,24		5,001
b		,467		753,60		101,859
С				· · · · · · · · · · · · · · · · · · ·		· · ·
d						
е						
				12/21/60		
	mpiete only for assets sno	owing gain in column (h) and owne (j) Adjusted basis		cess of col (1)		(h) gain minus less than -0-) or
(i) F M V as of 12/31/69		as of 12/31/69	` '	col (j), if any		om col (h))
a				377		5,001
b						101,859
d						
е			Tfl	Dank I I.a. 7)	1 1	
2	Capital gain net income	e or (net capital loss)	If gain, also enter If (loss), enter -0		2	114,401
3	Net short-term capital	gaın or (loss) as defined in sectio	ns 1222(5) and (6)		
	If dain also enter in Pa	rt I, line 8, column (c) (see instru	ctions) If(loss) e	enter -0-		
	in Part I, line 8				3	5,001
Dart	V Qualification Un	der Section 4940(e) for R	educed Tay or	Net Investme		3,001
			caacca rax or	I NCC IIIV CSCIIIC	THE THEOTHE	
(For opt						
Ifsection	tional use by domestic pri	vate foundations subject to the se	ection 4940(a) tax	on net investment	ıncome)	
	on 4940(d)(2) applies, lea	•	ection 4940(a) tax	on net investment	income)	
	on 4940(d)(2) applies, lea	ave this part blank			ŕ	□ Yes ☑ No
Was the	on 4940(d)(2) applies, lea e foundation liable for the s	•	able amount of any	year in the base p	ŕ	┌ Yes 🔽 No
Was the If "Yes,	on 4940(d)(2) applies, lea e foundation liable for the s " the foundation does not o	ave this part blank section 4942 tax on the distribute qualify under section 4940(e) Do	able amount of any o not complete this	year in the base p part	eriod?	┌ Yes ┌ No
Was the If "Yes,	on 4940(d)(2) applies, lea e foundation liable for the s " the foundation does not does ter the appropriate amoun	ave this part blank section 4942 tax on the distribute qualify under section 4940(e) Do it in each column for each year, se	able amount of any o not complete this ee page 18 of the i	year in the base p part nstructions before	eriod? making any entries	
Was the If "Yes," 1 Ent	on 4940(d)(2) applies, lead to the solution does not on the foundation does not on the solution does not only the solu	ave this part blank section 4942 tax on the distribute qualify under section 4940(e) Do t in each column for each year, so (b)	able amount of any o not complete this ee page 18 of the i	year in the base p part nstructions before	eriod? making any entries (d) Distributio	n ratio
Was the If "Yes," 1 Ent	on 4940(d)(2) applies, lead of the second at leading to the foundation does not of the foundation does not does	ave this part blank section 4942 tax on the distribute qualify under section 4940(e) Do it in each column for each year, se (b) Adjusted qualifying distributions	able amount of any o not complete this ee page 18 of the i	year in the base p part nstructions before) intable-use assets	eriod? making any entries (d)	n ratio l by col (c))
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Was the If "Yes," 1 End Base year (d)	e foundation liable for the se if the foundation does not deter the appropriate amount (a) expensed years Calendar or tax year beginning in) 2011 2010 2009 2008 2007 Total of line 1, column of A verage distribution rathe number of years the Enter the net value of near the second s	Ave this part blank section 4942 tax on the distribute qualify under section 4940(e) Do not in each column for each year, so (b) Adjusted qualifying distributions 90,560 70,896 67,540 67,434 106,434 (d)	able amount of any o not complete this ee page 18 of the interest of the page 18 of the page	year in the base p part nstructions before 1,455,469 1,473,522 1,378,004 1,283,860 1,658,198	making any entries (d) Distribution (col (b) divided	n ratio 1 by col (c)) 0 062220 0 048113 0 049013 0 052524 0 064187 0 276057 0 055211 1,483,787
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Was the If "Yes," 1 Ent Base year (d) 2 3 4 5 6 7	on 4940(d)(2) applies, lead a foundation liable for the series of the foundation does not deter the appropriate amount (a) a period years Calendar for tax year beginning in) 2011 2010 2009 2008 2007 Total of line 1, column of A verage distribution rathe number of years the Enter the net value of not Multiply line 4 by line 3 Enter 1% of net investing Add lines 5 and 6	ave this part blank section 4942 tax on the distributa qualify under section 4940(e) Do at in each column for each year, so (b) Adjusted qualifying distributions 90,560 70,896 67,540 67,434 106,434 (d)	able amount of any onot complete this ee page 18 of the I (c) Net value of nonchar (c) Vide the total on line if less than 5 years (c) 2 from Part X, line (c)	year in the base p part nstructions before 1,455,469 1,473,522 1,378,004 1,283,860 1,658,198 ne 2 by 5, or by rs	eriod? making any entries (d) Distribution (col (b) divided) 2 3 4 5 6 7	n ratio 1 by col (c)) 0 062220 0 048113 0 049013 0 052524 0 064187 0 276057 0 055211 1,483,787 81,921 1,317
Was the If "Yes," 1 End Base year (of the second	e foundation liable for the so the foundation does not deter the appropriate amount (a) period years Calendar or tax year beginning in) 2011 2010 2009 2008 2007 Total of line 1, column of A verage distribution rathe number of years the Enter the net value of not Multiply line 4 by line 3 Enter 1% of net investment of the solution of the number of the solution of the sol	Ave this part blank section 4942 tax on the distribute qualify under section 4940(e) Do It in each column for each year, so (b) Adjusted qualifying distributions 90,560 70,896 67,540 67,434 106,434 (d)	able amount of any o not complete this ee page 18 of the interest of the page 18 of the page	year in the base p part nstructions before 1,455,469 1,473,522 1,378,004 1,283,860 1,658,198	eriod? making any entries (d) Distribution (col (b) divided	n ratio 1 by col (c)) 0 062220 0 048113 0 049013 0 052524 0 064187 0 276057 0 055211 1,483,787 81,921 1,317 83,238

1a	Exempt operating foundations described in section 4940(d)(2), check here F and enter "N/A" on line 1					
	Date of ruling or determination letter (attach copy of letter if necessary-see					
ь	instructions) Domestic foundations that meet the section 4940(e) requirements in Part V, check	.				1 217
D	here F and enter 1% of Part I, line 27b	1			-	1,317
c	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-)	2				
3	Add lines 1 and 2	3				 1,317
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4				
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0	5				 1,317
6	Credits/Payments					'
а	2012 estimated tax payments and 2011 overpayment credited to 2012 6a 1,134					
b	Exempt foreign organizations—tax withheld at source 6b					
c	Tax paid with application for extension of time to file (Form 8868) 6c					
d	Backup withholding erroneously withheld 6d					
7	Total credits and payments Add lines 6a through 6d	7			-	1,134
8	Enter any penalty for underpayment of estimated tax. Check here 🗂 If Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				183
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
11	Enter the amount of line 10 to be Credited to 2013 estimated tax Refunded	11				
Par	t VII-A Statements Regarding Activities		ı			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or di	d	-		Yes	No
_	It participate or intervene in any political campaign?		• • •	1a		No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see pa	ge 19 of		41.		
	the instructions for definition)?		• • •	1b		No
	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		No
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 \$					
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imp	osed				
	on foundation managers 🕨 \$					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		No
	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, a	articles				
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		[4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?			4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		No
	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 logic lation that effectively amonds the governing instrument so that no mandatory direction					
	By state legislation that effectively amends the governing instrument so that no mandatory direction that conflict with the state law remains in the governing instrument?			•	V	
7	that conflict with the state law remain in the governing instrument?		· ·	6 7	Yes	
7 8a	Enter the states to which the foundation reports or with which it is registered (see instructions)		}		Yes	
8a	Enter the states to which the loundation reports of with which it is registered (see histractions)					
ь	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.			8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(່ງ)(3)				
	or 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part X					
	If "Yes," complete Part XIV			9		No
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and address	sses		10		No

Form	990-PF (2012)		Р	age 5
Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement (see instructions)	. 12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ►GUIDESTAR ORG			
14	The books are in care of ►SUNTRUST BANK Telephone no ►(407) 237-	4485	
	Located at ▶200 S ORANGE AVE SOAB-10 ORLANDO FL ZIP+4 ▶32801			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here			<u> </u>
13	and enter the amount of tax-exempt interest received or accrued during the year		• •	- ,
	<u> </u>			
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over			
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes", enter the name of the foreign country			
Pai	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes V No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes V No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) A gree to pay money or property to a government official? (Exception. Check "No"			
	ıf the foundatıon agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days) Yes V No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
	that were not corrected before the first day of the tax year beginning in 2012?	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2012?			
_	If "Yes," list the years > 20, 20, 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement—see instructions)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
_	▶ 20, 20, 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
-	any time during the year?			
b	If "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation			
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine	26		
A	If the foundation had excess business holdings in 2012.)	3b		N1
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
Ь	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?	4b	1	No

Sa During the year did the foundation pay or incur any amount to (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes F No (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?.	Pa	rt VII-B	Statements Rega	rding Activities for	Which Form 4720	May Be Required (cont	tinued)		
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	5a	During the	e year did the foundation	n pay orıncurany amoun	t to				
on, directly or indirectly, any voter registration drive?		(1) Carry	on propaganda, or othe	rwise attempt to influenc	e legislation (section 49	45(e))? Yes	✓ No		
(3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)		(2) Influe	nce the outcome of any	specific public election	(see section 4955), or to	carry			
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 5.09(a)(1), (2), or (3), or section 49.40(d)(2)? (see instructions)		on, dır	ectly or indirectly, any	voter registration drive?		Yes [✓ No		
In section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)		(3) Provid	le a grant to an individu	al for travel, study, or otl	ner sımılar purposes?	┌ Yes ┌	✓ No		
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		(4) Provid	le a grant to an organiza	ation other than a charita	ble, etc , organization de	scribed			
educational purposes, or for the prevention of cruelty to children or animals?		ın sec	tion 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)	T Yes F	√ No		
b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?		(5) Provid	le for any purpose other	than religious, charitabl	e, scientific, literary, or				
Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?		educa	tional purposes, or for t	the prevention of cruelty	to children or animals?.	Yes	✓ No		
Organizations relying on a current notice regarding disaster assistance check here	b	If any ans	werıs "Yes" to 5a(1)-(5), dıd any of the transac	tions fail to qualify unde	r the exceptions described in			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?		Regulation	ns section 53 4945 or i	in a current notice regard	ling disaster assistance	(see instructions)?	5b		
tax because it maintained expenditure responsibility for the grant?		O rganızat	ions relying on a curren	it notice regarding disast	er assistance check her	e			
If "Yes," attach the statement required by Regulations section 53.4945–5(d). 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	c	If the ans	wer is "Yes" to question	5a(4), does the foundat	on claim exemption from	n the			
Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		tax becau	se it maintained expend	diture responsibility for tl	ne grant?	T Yes「	_ No		
a personal benefit contract?		If "Yes," a	ttach the statement requ	ired by Regulations sectio	n 53.4945–5(d).				
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 6b No If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? 7b Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Title, and average hours per week devoted to position TRUSTEE 15,109 0 0 0 15,109 15,109 0 10 10 10 10 10 10 10 10	6a	Did the fo	undation, during the yea	ar, receive any funds, dire	ectly or indirectly, to pay	premiums on			
The system of the file Form 8870. At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Title, and average hours per week devoted to position TRUSTEE 15,109 0 15,109 0 15,109 0 16) Contributions to employee benefit plans and deferred compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." (a) Name and address of each employee hours per week devoted to position (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." (a) Name and address of each employee hours per week devoted to position (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation other allowances		a persona	l benefit contract?				√ No		
At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes Vo No If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? 7b Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation (see instructions).	b	Did the fo	undation, during the yea	ar, pay premiums, directl	y or indirectly, on a perso	onal benefit contract?	. 6b	No	
Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Title, and average hours per week devoted to position TRUSTEE 200 S ORANGE AVE SOAB-10 ORLANDO, FL 32801 2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." (a) Name and address of each employee hours per week devoted to position (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation (see instructions). If none, enter "NONE."		If "Yes" to	6b, file Form 8870.						
Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Title, and average hours per week devoted to position TRUSTEE 15,109 TRUSTEE 15,109 ORLANDO, FL 32801 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." (a) Name and address of each employee hours per week devoted to position (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee instructions. If none, enter "NONE." (d) Contributions to employee benefit plans and deferred compensation of	7a	At any tin	ne during the tax year, v	was the foundation a part	y to a prohibited tax shel	Iter transaction? TYes	√ No		
and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Title, and average hours per week devoted to position TRUSTEE 15,109 15,109 Compensation ORLANDO, FL 32801 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." (a) Name and address of each employee hours per week devoted to position (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee instructions). If none, enter "NONE." (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (c) Compensation of instructions in the instruction of the instruction of the plans and deferred compensation of employee benefit plans and deferred compensation other allowances of each employee benefit plans and deferred compensation other allowances of employee benefit plans and deferred compensation other allowances of employee benefit plans and deferred compensation other allowances of employee benefit plans and deferred compensation other allowances of employee benefit plans and deferred compensation other allowances of employee benefit plans and deferred compensation other allowances of employee benefit plans and deferred compensation other allowances of employee benefit plans and deferred compensation other allowances of employee benefit plans and deferred compensation other allowances of employee benefit plans and deferred compensation other allowances of employees of the plans and deferred compensation other allowances of employees of the plans and deferred compensation other allowances of employees of the plans and deferred compensation other allowances of employees of the plans and deferred compensation other allowances of employees of the plans and deferred compensation other allowances of employees of the plans and deferred compensation other allowances of employees of the plans and deferred com	b	If yes, did	the foundation receive	any proceeds or have ar	y net income attributabl	e to the transaction?	. 7b		
1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Title, and average hours per week devoted to position TRUSTEE 15,109 15,109 15,109 10 10 10 10 10 10 10 10 10	Pa	3 38 V		t Officers, Director	s, Trustees, Founda	ation Managers, Highly	Paid Emp	loyees,	
(a) Name and address hours per week devoted to position SUNTRUST BANK TRUSTEE 15,109 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." (a) Name and address of each employee hours per week devoted to position (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances	1			s, foundation managers a	and their compensation (see instructions).			
Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." Compensation other allowances of each employee hours per week devoted to position other allowances of employee benefit plans and deferred compensation other allowances of each employee benefit plans and deferred compensation other allowances other allowances of each employee benefit plans and deferred compensation other allowances other allowances of each employee benefit plans and deferred compensation other allowances other allowances other allowances other plans and deferred compensation other allowances other allowances other plans and deferred compensation other plans and deferred compensation other plans and deferred compensation other allowances other plans and deferred compensation other						1 ` '	(e) Expens	e account	
TRUSTEE 15,109 0 200 S ORANGE AVE SOAB-10 ORLANDO, FL 32801 2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." (a) Name and address of each employee hours per week devoted to position (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation other allowances		(a) Nar	ne and address	· ·	1 ' ' '		other allowances		
200 S ORANGE AVE SOAB-10 ORLANDO, FL 32801 2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." (a) Name and address of each employee hours per week devoted to position (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation other allowances	CLINIT	DUCT DANK		· ·	· · · · · · · · · · · · · · · · · · ·		1	n	
ORLANDO, FL 32801 2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." (a) Name and address of each employee hours per week devoted to position (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation other allowances					13,103	Ĭ		· ·	
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." (a) Name and address of each employee hours per week devoted to position (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances									
(a) Name and address of each employee hours per week devoted to position (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation				l employees (other than	those included on line 1-	-see instructions). If none, e	nter "NONE.'	,	
hours per week devoted to position (c) Compensation plans and deferred compensation devoted to position (c) Compensation plans and deferred compensation		<u> </u>	<u> </u>						
devoted to position plans and deferred compensation devoted to position	(a)			VAR I	=	nn I''		•	
		paid n	nore than \$50,000			plans and deferred	other all	owances	
	NON	IF				Compensation			
		<u> </u>							
				1	I				

Part VIII Information About Officers, Directors, Trusto and Contractors (continued)	ees, Foundation Managers, Highly	Paid Employees,
3 Five highest-paid independent contractors for professional services ((see instructions). If none, enter "NONE".	
(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		
List the foundation's four largest direct charitable activities during the tax year. Include rele organizations and other beneficiaries served, conferences convened, research papers produ		Expenses
1	uceu, etc	·
		1
2		
3		
		1
4		
Part IX-B Summary of Program-Related Investments (Describe the two largest program-related investments made by the foundation during t		A mount
1 N/A	the tax year on lines I and 2	Amount
2		
		1
All other program-related investments See page 24 of the instructions		
3		-
		-
Total Add lines 1 through 3		<u> </u>

	rt X Minimum Investment Return (All domestic foundations must complete this part. Fo see instructions.)	reign	foundations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,		
	purposes		
а	A verage monthly fair market value of securities	1a	1,462,550
b	A verage of monthly cash balances	1b	43,833
C	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	1,506,383
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	1,506,383
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	ınstructions)	4	22,596
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,483,787
6	Minimum investment return. Enter 5% of line 5	6	74,189
Pai	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operations of the certain foreign organizations check here \rightarrow and do not complete this part.)	atıng	foundations and
1	Minimum investment return from Part X, line 6	1	74,189
_ 2a	Tax on investment income for 2012 from Part VI, line 5 2a 1,317		, ,,_ ,,
ь	Income tax for 2012 (This does not include the tax from Part VI) 2b		
c	Add lines 2a and 2b	2c	1,317
3	Distributable amount before adjustments Subtract line 2c from line 1	3	72,872
4	Recoveries of amounts treated as qualifying distributions	4	72,072
5	Add lines 3 and 4	5	72,872
6	Deduction from distributable amount (see instructions)	6	72,072
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,	ا	
•		7	72,872
	line 1		72,072
Par	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	89,503
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc ,		
	purposes	2	
3	A mounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	За	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	89,503
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b (see instructions)	5	1,317

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

Adjusted qualifying distributions. Subtract line 5 from line 4.

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

88,186

6

	olidistributed filcollie (see ilistra	ictions)			
		(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1	Distributable amount for 2012 from Part XI, line 7				72,872
2	Undistributed income, if any, as of the end of 2012				
	Enter amount for 2011 only				
	Total for prior years 20, 20, 20				
	Excess distributions carryover, if any, to 2012				
	From 2007				
	From 2008				
	From 2009				
	From 2010				
	From 2011				
	Total of lines 3a through e	52,160			
	Qualifying distributions for 2012 from Part	•			
7	XII, line 4 > \$ 89,503				
а	Applied to 2011, but not more than line 2a				
	Applied to undistributed income of prior years				
	(Election required—see instructions).				
С	Treated as distributions out of corpus (Election required—see instructions)				
d	Applied to 2012 distributable amount				72,872
е	Remaining amount distributed out of corpus	16,631			
5	Excess distributions carryover applied to 2012				
	(If an amount appears in column (d), the				
	same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	68,791			
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 amount				
	—see instructions				
е	Undistributed income for 2011 Subtract line 4a from line 2a Taxable amount—see				
	Instructions				
f	Undistributed income for 2012 Subtract				
	lines 4d and 5 from line 1 This amount must				
	be distributed in 2013				0
7	A mounts treated as distributions out of				
	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
R	Excess distributions carryover from 2007 not				
5	applied on line 5 or line 7 (see instructions)	27,979			
9	Excess distributions carryover to 2013.				
-	Subtract lines 7 and 8 from line 6a	40,812			
10	Analysis of line 9				
а	Excess from 2008 4,132				
b	Excess from 2009				
C	Excess from 2010				
d	Excess from 2011				
e	Excess from 2012 16,631				

Check here I if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or e-mail of the person to whom applications should be addressed

MELANIE CIANCIOTTO SUNTRUST BANK 200 S ORANGE AVE SOAB-10 ORLANDO,FL 32801 (407) 237-4485

b The form in which applications should be submitted and information and materials they should include GUIDELINES AND APPLICATIONS ATTACHED

c Any submission deadlines

NO DEADLINE FOR GRANT APPLICATIONS SCHOLARSHIP APPLICATION DEADLINE IS MARCH 31

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

NO RESTRICTIONS TO KINDS OF INSTITUTIONS AS LONG AS INSTITUTION QUALIFIES AS TAX EXEMPT ORGANIZATION SCHOLARSHIP APPLICANTS ARE LIMITED TO LAKE COUNTY FLORIDA HIGH SCHOOL STUDENTS ONLY

3 Grants and Contributions Paid	During the Year or App	proved for F	uture Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year See Additional Data Table	or substantial contributor	тестрієнт		
			<u> </u> 	82,000
b Approved for future payment				

Form 990-	<u> </u>					Page 1 2
	-A Analysis of Income-Produc		usiness income	Excluded by section	2 512 512 or 514	(e)
-	s amounts unless otherwise indicated n service revenue	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	Related or exemp function income (See
b c d f g Fees 2 Membe 3 Interest 4 Divider 5 Net ren a Debt-	and contracts from government agencies riship dues and assessments on savings and temporary cash investments and and interest from securities			14	31,615	instructions)
6 Net renta7 O ther r8 Gain or r	ebt-financed property			18	114,401	
11 Other r b c d	profit or (loss) from sales of inventory revenue aPRIOR YEAR TRANSACTIONS					1,30
12 Subtota 13 Total. A (See w	Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). Norksheet in line 13 instructions to verify Relationship of Activities to	calculations)			146,016 13	1,30 147,319
Line No.	Explain below how each activity for wh the accomplishment of the foundation's instructions)					

Part XVII	Information Re Noncharitable				actions and Re	elationships With			<u> </u>
1 Did the organ	nization directly or indirectly	engage in ar	ny of the followi	ng with any other orga	inization described in s	section		Yes	No
501(c) of the	e Code (other than section 5	01(c)(3) org	anızatıons) or ır	section 527, relating	to political organization	ns?			
a Transfers	from the reporting found	dation to a	noncharitab	le exempt organiza	tion of				
(1) Cash									No
(2) Other	assets						1a(2)		No
b Other tran	sactions								
(1) Sales	of assets to a nonchar	ıtable exer	mpt organizat	ion			1b(1)		No
(2) Purch	ases of assets from a r	noncharital	ble exempt o	rganızatıon			1b(2)		No
(3) Renta	l of facilities, equipmen	it, or other	assets				1b(3)		No
(4) Reimb	oursement arrangement	s					1b(4)		No
(5) Loans	or loan guarantees.						1b(5)		No
(6) Perform	mance of services or m	embership	or fundraisin	ig solicitations			1b(6)		No
c Sharing of	facilities, equipment, n	nailing lists	s, other asse	ts, or paid employe	es		1c		No
of the good	ds, other assets, or ser	vices give ngement, s	n by the repo show in colun	rting foundation I	f the foundation red the goods, other a	Id always show the fair mai ceived less than fair marke assets, or services receive f transfers, transactions, and sha	et value d	!	nts
(4) = 110	(2)	(0)		pg	(4) 2 2 2 3 4 7 7 7				
-									
-									
-									
-									
described	ndation directly or indire in section 501(c) of the omplete the following se	e Code (ot	•	•	•	rganızatıons 	. ⊢ _{Y€}	s F	No
-	(a) Name of organization			(b) Type of organizat	ion	(c) Description of relation	nship		
Sign the base		nd belief, it vhich prepa	: is true, corr	ect, and complete		with the p		ciary) s this ret nown belo	IS urn
			Dropercule C	`.anotura	Date	PT	IN		
Paid	ALFRED C HALIDA				Check if self- employed ▶ ☐				
Preparer	Firm's name ►	ŀ	HALIDAY BA	IR & HUX PA	•	Firm's EIN ►			
Use Only		2	100 WEBSTE	R STREET					
	Firm's address ▶	ı	_EESBURG, F	FL 34748		Phone no (352) 78	7-344	5	

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual,	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	recipient		
a Paid during the year				
CHRISTIAN CARE CENTER 115 NORTH 13TH STREET LEESBURG,FL 34748	NONE	501(C)(3)	GENERAL OPERATING NEEDS	15,000
CHRISTIAN HOME & BIBLE SCHOOL 301 WEST 13TH AVE MOUNT DORA,FL 32757	NONE	509(A)(1)	21ST CENTURY LEARING INITIATIVE	15,000
DUKE UNIVERSITY 450 RESEARCH DRIVE DURHAM,NC 27710	NONE	509(A)(1)	SCHOLARSHIP FBO R CHITALIA	2,500
FLORIDA INTERNATIONAL UNIVERSITY 11200 S W 8TH STREET MIAMI,FL 33174	NONE	509(A)(1)	SCHOLARSHIP FBO C SUTTON	2,500
FLORIDA STATE UNIVERSITY A1500 UNIVERSITY CENTER TALLAHASSEE,FL 32306	NONE	509(A)(1)	SCHOLARSHIP FBO P NANTHAKIJJAR	1,500
FLORIDA STATE UNIVERSITY A1500 UNIVERSITY CENTER TALLAHASSEE,FL 32306	NONE	509(A)(1)	SCHOLARSHIP FBO J DOYLE	3,500
LAKE SUMTER COMMUNITY COL 9501 US HIGHWAY 441 LEESBURG,FL 34788	NONE	509(A)(1)	SCHOLARSHIP FBO T NGUYEN	750
NC STATE UNIVERSITY 2200 HILLSBOROUGH RALEIGH,NC 27695	NONE	509(A)(1)	SCHOLARSHIP FBO T ROYSTER	1,000
PACE UNIVERSITY 861 BEDFORD RD PLEASANTVILLE,NY 10570	NONE	509(A)(1)	SCHOLARSHIP FBO J BLAIR	2,500
ST LEO UNIVERSITY 33701 STATE ROAD 52 SAINT LEO,FL 335746665	NONE	509(A)(1)	SCHOLARSHIP FBO A BAUSCHLICHER	1,500
SUMTER COUNTY ASSOC FOR R 213 WEST MCCOLLUM AVE BUSHNELL,FL 33513	NONE	501(C)(3)	ROOF REPLACEMENT	2,500
UNIVERSTIY OF ALABAMA THE UNIVERSITY OF ALABAMA TUSCALOOSA,AL 35487	NONE	509(A)(1)	SCHOLARSHIP FBO M TORMAN	2,000
UNIVERSITY OF CENTRAL FL 4000 CENTRAL FLORIDA BLVD ORLANDO,FL 32816	NONE	509(A)(1)	SCHOLARSHIP FBO M WILKINS	2,500
UNIVERSITY OF CENTRAL FL 4000 CENTRAL FLORIDA BLVD ORLANDO,FL 32816	NONE	509(A)(1)	SCHOLARSHIP FBO S ROSADO	750
UNIVERSITY OF CENTRAL FL 4000 CENTRAL FLORIDA BLVD ORLANDO,FL 32816	NONE	509(A)(1)	SCHOLARSHIP FBO C SUKMANGAL	1,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

- CIIII DDCII I GIIC XI EIIIC C	into ana contributions i	ala Daring C	ine real of Approved for ra	tare raymen
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
UNIVERSITY OF CENTRAL FL 4000 CENTRAL FLORIDA BLVD ORLANDO,FL 32816	NONE	509(A)(1)	SCHOLARSHIP FBO S PENDERGAST	3,000
UNIVERSITY OF CENTRAL FL 4000 CENTRAL FLORIDA BLVD ORLANDO,FL 32816	NONE	509(A)(1)	SCHOLARSHIP FBO C FOSKEY	1,500
UNIVERSITY OF FLORIDA 925 NW 56TH TERRACE GAINESVILLE,FL 32605	NONE	509(A)(1)	SCHOLARSHIP FBO A TSIRNIKAS	3,000
UNIVERSITY OF SOUTH FLORIDA 4202 E FOWLER AVE SVC 11 TAMPA,FL 33620	NONE	509(A)(1)	SCHOLARSHIP FBO D JENSEN	4,000
UNIVERSITY OF SOUTH FLORIDA 4202 E FOWLER AVE SVC 11 TAMPA,FL 33620	NONE	509(A)(1)	SCHOLARSHIP FBO D NEGRON	3,500
UNIVERSITY OF VIRGINIA 1721 UNIVERSITY AVE CHARLOTTESVILLE,VA 22903	NONE	509(A)(1)	SCHOLARSHIP FBO G SLIGH	2,000
SUNRISE ARC 35201 RADIO ROAD LEESBURG,FL 34788	NONE	501(C)(3)	SCHOLARSHIP PROGRAM	10,000
Total			▶ 3a	82,000

TY 2012 Accounting Fees Schedule

Name: EDGAR & NONA MCKINNEY CHARITABLE TR

C/O SUNTRUST BANK

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAX PREPARATION FEE	2,405	1,924		481



TY 2012 Compensation Explanation

Name: EDGAR & NONA MCKINNEY CHARITABLE TR

C/O SUNTRUST BANK

Person Name	Explanation
SUNTRUST BANK	

TY 2012 Investments Corporate Bonds Schedule

Name: EDGAR & NONA MCKINNEY CHARITABLE TR

C/O SUNTRUST BANK

Name of Bond	End of Year Book Value	End of Year Fair Market Value
381SH VANGUARD INDEX FDS SHORT TERM	30,823	30,701
534SH VANGUARD INDEX FDS TOTAL BD	44,475	44,002
5234.702SH DOUBLELINE FDS TR TOTAL	59,228	58,995
3980.319SH NEUBERGER BERMAN INCOME		
4032.097SH NEUBERGER BERMAN INCOME	36,860	38,789
3306.394SH PIMCO FDS		
2824.681SH PIMCO FDS	30,552	29,207
5306.587SH PIMCO FDS	56,424	58,426
6688.514SH PIMCO FDS		
2886.678SH TEMPLETON INCOME TR		
11841.448SH RIDGEWORTH FD-TOTAL		

DLN: 93491296004093

TY 2012 Investments Corporate Stock Schedule

Name: EDGAR & NONA MCKINNEY CHARITABLE TR

C/O SUNTRUST BANK

Name of Stock	End of Year Book Value	End of Year Fair Market Value
2568.25SH ABERDEEN FDS		
2590.243SH ABERDEEN FDS	28,964	31,212
1672.004SH ADVISORS INNER CIRCLE FD		
1494.349SH ADVISORS INNER CIRCLE FD	27,401	31,904
4212.432SH EATON VANCE MUT FDS	38,628	38,754
13555.422SH FEDERATED EQUITY FDS	63,752	74,555
6588.661SH FORUM FDS	73,089	74,386
1144.533SH GOLDMAN SACHS TR	23,977	31,864
3140.447SH GOLDMAN SACHS TR	30,902	29,238
10457.16SH JOHN HANCOCK FDS III	162,400	172,334
9772.438SH JPMORGAN TR I	120,592	127,530
18854.173SH MANNING & NAPIER FDS	146,383	156,301
3022.189SH OPPENHEIMER FDS	98,915	106,411
3965.397SH PIMCO FDS	44,712	43,897
8002.652SH PRICE T ROWE FDS	141,154	172,697
4990.05SH VANGUARD SCOTTSDALE FDS	104,212	103,045
2047.935SH WASATCH FDS TR	27,383	31,927
5592.049SH RIDGEWORTH FD-LARGECAP		
2572.596SH RIDGEWORTH FD-LTD TERM		
2456.918SH RIDGEWORTH FD-SEIX FLTG		
26836.073SH FEDERATED EQUITY FDS		
5131.775SH FORUM FDS		
2344.792SH GOLDMAN SACHS TR		
3875.303SH HARBOR FD		
4371.761SH HARTFORD MUT FDS		
10734.263SH MANNING & NAPIER FDS		
1931.252SH OPPENHEIMER FDS		
4543.635SH PIMCO FDS		
5489.918SH PIMCO FDS		
3834.615SH PIMCO FDS		

Name of Stock	End of Year Book Value	End of Year Fair Market Value
8936.38SH T ROWE PRICE FDS		

TY 2012 Other Expenses Schedule

Name: EDGAR & NONA MCKINNEY CHARITABLE TR

C/O SUNTRUST BANK

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
FEDERAL ESTIMATED TAX PAYMENT	1,065			

TY 2012 Other Income Schedule

Name: EDGAR & NONA MCKINNEY CHARITABLE TR

C/O SUNTRUST BANK

	Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
Г	PRIOR YEAR TRANSACTIONS	1,303		

TY 2012 Other Professional Fees Schedule

Name: EDGAR & NONA MCKINNEY CHARITABLE TR

C/O SUNTRUST BANK

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
GRANT COMMITTEE FEES	4,000			4,000

TY 2012 Taxes Schedule

Name: EDGAR & NONA MCKINNEY CHARITABLE TR

C/O SUNTRUST BANK

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAX PAID	352	352		

GRANT APPLICATION GUIDELINES FOR

THE EDGAR P. AND NONA B. McKINNEY CHARITABLE TRUST

These guidelines are provided to assist those charitable organizations which are considering making application for grants from the EDGAR P. AND NONA B. McKINNEY CHARITABLE TRUST. There are many worthy charitable causes, but those which fall within the following described guidelines are the causes which the EDGAR P. AND NONA B. McKINNEY CHARITABLE TRUST are most inclined to support. The gift committee charged with responsibility for selecting recipients of gifts from the EDGAR P. AND NONA B. McKINNEY CHARITABLE TRUST will follow these guidelines.

The gift committee shall consider all qualified applications received from organizations that are exempt from taxation under the Internal Revenue Code of the United States of America.

The qualified organizations are those which are charitable, religious and educational in nature. No part of any gift shall be used to influence legislation or to carry on propaganda, the sole object and purpose of the Trust being to further the cause of charity, education and religion.

Decisions regarding grants will be based on the following described considerations:

- A. Need.
- B. In making grants from the EDGAR P. AND NONA B. McKINNEY CHARITABLE TRUST, the grant committee shall first consider worthwhile research projects to be performed by competent scholars in the fields of mathematics, geography (including climatology and meteorology), geology (including deep sea studies and tectonic plates) and astronomy at the University of Wisconsin Madison so long as such projects meet the purpose of this trust and qualify as permitted projects under the then existing tax law for the use of the funds of this trust.
- C. Second tier priority in awarding grants shall be to other qualified educational institutions for such projects as meet the purpose of this trust, and qualify as permitted projects under the then existing tax law for the use of the funds of this trust.
- D. Gifts may be made only for use within the United States or its possessions.
- E. The willingness of the organization to raise matching funds in order to qualify for the EDGAR P. AND NONA B. McKINNEY CHARITABLE TRUST gift.
- F. All gift requests are to be received no later than April 1st of each year. The Charitable Trust will consider grant requests at its annual meetings. All such requests shall be in writing by the proposed gift recipient. The gift request shall request a grant in a specific dollar amount. The purpose and use of the gift shall also be specifically stated. A list of the officers and directors of the proposed gift recipient shall be attached. Financial statements for the proposed recipient shall be attached to the gift request. Finally, a copy of the proposed recipient's IRS letter showing the proposed recipient's tax exempt status must be attached to the grant request.

Grant Application Guidelines for the Edgar P. and Nona B. McKinney Charitable Trust Page 2

Though the guidelines set forth hereinabove shall be adhered to by the gift committee of the Charitable Trust in virtually every choice of recipients of funds, the gift committee reserves the right to select deserving donatees that fall outside the definition of the guidelines but that demonstrate an unusual need in harmony with the concerns of the EDGAR P. AND NONA B. McKINNEY CHARITABLE TRUST.

APPLICATION REQUIREMENTS

Institutions/organizations wishing to apply for funds should supply the Foundation with a fully developed proposal.

The proposal should include the following and be forwarded to the address above:

- ◆ Completed Grant Proposal Application
- Principal objective and brief history of the organization/institution
- List of the current Board of Directors
- Proof of tax-exempt status
- Detailed outline of project, including its expected outcome
- Financial information for prior 3 years (financial statements; audited or unaudited)
- Proposed budget for current year
- Source(s) of other funding (if applicable)

Or submit online at: http://foundationcenter.org/grantmaker/mckinney/

FOLLOW-UP PROCESS

Proposals will be reviewed upon receipt. Additional information may be requested. Once all required information is received, the proposal will be presented at the next regularly scheduled meeting of the Grant Committee.

Once a decision is made by the Committee, the Foundation will communicate the decision to the applicant in writing.

For further information, please call SunTrust Bank Foundations and Endowments Specialty Practice Group at 1(800) 432-4760, extension 4485.

Edgar P. & Nona B. McKinney Charitable Trust

SunTrust Bank

Foundations and Endowments Specialty Practice
Attn: Melanie A. Cianciotto
PO Box 620005
M/C: FL-Orlando-2100
Orlando, Florida 32862

GRANT PROPOSAL APPLICATION

NAME OF ORGANIZATION. NAME, TITLE AND ADDRESS OF CONTACT (PERSON) (TITLE) (STREET ADDRESS) (CITY/STATE/ZIP) (PHONE NUMBER) AMOUNT OF GRANT REQUEST. \$ PURPOSE OF GRANT REQUEST	IAME OF ORGANIZATION	
(PERSON) (TITLE) (STREET ADDRESS) (CITY/STATE/ZIP) (PHONE NUMBER) AMOUNT OF GRANT REQUEST. \$ PURPOSE OF GRANT REQUEST		
(STREET ADDRESS) (CITY/STATE/ZIP) (PHONE NUMBER) AMOUNT OF GRANT REQUEST. \$ PURPOSE OF GRANT REQUEST	IAME, TITLE AND ADDRES	DF CONTACT
(STREET ADDRESS) (CITY/STATE/ZIP) (PHONE NUMBER) AMOUNT OF GRANT REQUEST. \$ PURPOSE OF GRANT REQUEST	(PERSON)	
(CITY/STATE/ZIP) (PHONE NUMBER) AMOUNT OF GRANT REQUEST. \$ PURPOSE OF GRANT REQUEST	(TITLE)	
(PHONE NUMBER) AMOUNT OF GRANT REQUEST. \$ PURPOSE OF GRANT REQUEST	STREET ADDRESS)	
AMOUNT OF GRANT REQUEST. \$ PURPOSE OF GRANT REQUEST	(CITY/STATE/ZIP)	
PURPOSE OF GRANT REQUEST	(PHONE NUMBER)	
	MOUNT OF GRANT REQU	Т. \$
	URPOSE OF GRANT REQU	ST
PRIOR GRANTS RECEIVED FROM THE EDGAR P. & NONA B. McKINNEY CHARITABLE TRUST: PURPOSE OF GRANT:	PRIOR GRANTS RECEIVED	OM THE EDGAR P. & NONA B. McKINNEY CHARITABLE TRUST:
DATE AMOUNT: \$	DATE ⁻	AMOUNT: \$
PURPOSE OF GRANT.	PURPOSE OF GRAI	
DATE: AMOUNT. \$		

SCHOLARSHIP APPLICATION

- 1. Deadline for consideration: March 31, 2013
- 2. This application should be completed and returned with the following items to:

Edgar P. and Nona B. McKinney Charitable Trust c/o SunTrust Bank, MC-2100 Attn: Melanie Cianciotto 200 S Orange Ave., SOAB 10 Orlando, FL 32801

- a. A recent photograph not larger than 3 X 5 (newspaper photos are not accepted).
- b. A sheet listing honors received, clubs and social activities participated in, talents and interests you have.
- c. Transcript from high school.
- d. Three letters of recommendation giving specific data regarding your academic ability, character, family background, and economic status (with emphasis on character) from any of the following: Principal, dean, teacher, advisor, minister, employer, or civic leader. These letters shall be included with this application.
- e. A sheet listing your job experience (if any) including place of employment, dates of employment, job title and duties.
- f. On a separate sheet of paper, write a brief autobiography. Please include your career goals and objectives
- 3. Awards will be made in May.
- 4. Employees, Officers and Board of Directors of SunTrust Bank and their families are not eligible for this scholarship.

Edgar & Nona McKinney Scholarship Foundation

P	ERSON	IAL IN	FORMAT	ION_		
Name First	Mid	ldle	Last			
University / College	, 1			4v = -4v		
Semester applying for	Fall		Spring		Year	
Date accepted by University	/	1				
Intended Major.		 	·····			
Permanent home address:						
Number & Street o	न Postal Bo			ک) Area Code &	Telephone No
City	State	Postal	Zip Code	-	County	
Current mailing address						
Number & Street o	r Postal Bo	k Number		<u>(</u>)	
City	State	Postal	Zıp Code			
Date of birth:/		Place of	birth.	City	(State
ED	UCATI	ONAL	INFORM	IATIO	N	
High School,			Name			
City				State		
Dates of attendance		through		2,2,4		
Month Academic average (GPA).			Month (unweighted)			
Date of graduation:/	/_					
Educational institution currently	y attending,					
SAT Score			ore			

Edgar & Nona McKinney Scholarship Foundation

	PA	RENTAL IN	IFORMATION	V	· ·········	
Father		an monwett-t-	Mother		المتينين والمتأكلة والمتأك	
Job Title:	***************************************	and the state of t	Job Title		Maria service	
Place of employment			Place of employment:			
Address of employment			Address of employment			
City	State	Postal Zip Code	City	State	Postal Zip Code	
Business telephone ()	tt til state samme til familier forskriver fra state sta	Business telephone ()		
	FIN	IANCIAL IN	IFORMATIO	٧		
Do you live with,	Boti	n Parents	One Parent		Independent	
Other			Father Mother			
A copy of the fit must be attached Number of family me	ed to this a	application.) IRS Form 1040 	Income 18	ax Return	
Number of family mi		-				
Do you expect to be	employed w	hile attending colle	ege?	Yes	No	
If yes, name the plac	ce of employ	ement.			-	
		CERTI	FICATION	·		
I certify that to t correct I have o the Edgar P & N	ompleted	this application	with the understa	provided in anding that	this application is it is the property o	
	Signature			Γ)ate	
I (we) certify that (one parent sign:			owledge, the info	rmation pro	ovided is correct	
Fat	her's Signati	ure		L	Date	
Mo	ther's Signat	III A			Date	

Edgar & Nona McKinney Scholarship Foundation

В	UDGET	
Anticipated college expenses per year	Tuition	
	Books	
	Housing/Board	
Sub-Tolai	- Anticipated Expens	<u></u>
Less	Scholarships	()
	Financial Aid	(
Net Antic	ipated Expenses	