

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



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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

2013

Employer identification number Name of the organization 59-3619411 SWITZER BROTHERS CHARITABLE FOUNDATION Organization type (check one): Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II 🔟 For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. 🔟 For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule 8 (Form 990, 990-EZ, or 990-PF),

but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 980-PF) (2013)

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

	B (Form 990, 990-EZ, or 990-PF) (2013) genization	Emp	Page 2 Oyer identification number	
SWITZER BROTHERS CHARITABLE FOUNDATION			59-3619411	
Part I	Contributors (see instructions) Use duplicate copies of Part I if add			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1	PENSACOLA, FL 32596	s20,229.	Person Payroll Noncash X (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2	CHARLES SWITZER PO BOX 1313 PENSACOLA, FL 32596	\$20,229	Person Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3	JOHN SWITZER PO BOX 1313 PENSACOLA, FL 32596	\$20,229	Person Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
			Person Payroli Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
323452 10-	24-13	Schedule B (Fo	rm 990, 990-EZ, or 990-PF) (2013	

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer Identification number

<u>S</u>

ırt II	ER BROTHERS CHARITABLE FOUNDATION Noncash Property (see instructions) Use duplicate copies of Part II if	additional space is needed	59-3619411
·	NOTICES IT PUPELTY (See instructions) Ose duplicate copies of Part II II	additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_1	575 SHS MFS INTERNATIONAL VALUE FUND CLASS I (MINIX)		
		s 20,22	9. 12/31/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_2	575 SHS MFS INTERNATIONAL VALUE FUND CLASS I (MINIX)		
		\$20,22	9. 12/31/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	575 SHS MFS INTERNATIONAL VALUE FUND CLASS I (MINIX)	-	
		\$20,22	9. 12/31/13
(a) No. from Part I	(b) Description of noncash property given	(c) (d) FMV (or estimate) Date received (see instructions)	
		- - - \$	
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - \$	

Schedule B (Fo	rm 990, 990-EZ, or 990-PF) (2013)	·	Page 4	
lame of organiza	Employer Identification number			
ያልፕጥፖ ም	BROTHERS CHARITABLE	FOINDATION	59-3619411	
Part III	Exclusively religious, charitable, etc., indiverser. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc.	ridual contributions to section 501(c)(7), ne following line entry. For organizations co a., contributions of \$1,000 or less for the	(8), or (10) organizations that total more than \$1,000 for the	
(a) No.	Use duplicate copies of Part III if addition	al space is needed		
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, a	nd ZIP + 4	Relationship of transferor to transferee	
-				
(a) No.				
from Part !	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
			, 	
	(e) Transfer of gift			
	Transferee's name, address, a	nd 7IP ± 4	Relationship of transferor to transferee	
	transfered a flattic, badyasa, a		Treatmentaring of a brister of the a brister of	
(a) No. from	(1.1. P	4)44- 44-		
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
1 -			7	
	(e) Transfer of gift			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee	
			` - 4!	
-			"	
				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
Part I	(1,11,11,11,11,11,11,11,11,11,11,11,11,1	(0,000 0, giil	(a) Description of now gift is need	
	(e) Transfer of gift			
}	Transferee's name, address, a	ind ZIP + 4	Relationship of transferor to transferee	
			The state of the s	
-				
1		l l		

Schedule B (Farm 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. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Employer identification number

Name of the organization	Employer identification number				
SW	59-3619411				
Organization type (check or	ITZER BROTHERS CHARITABLE FOUNDATION ne)				
Filers of:	Section:				
Form 990 or 990-EZ	501(c)() (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990 PF	X 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	S01(c)(3) taxable private foundation				
Note. Only a section 501(c)	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule. See instructions.			
General Rule					
For an organization contributor. Comp	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in meter Parts I and II	noney or property) from any one			
Special Rules					
For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II					
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990 EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.					
but it must answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its F the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

ame of org	a (Form 990, 990-EZ, or 990-PF) (2013)	Employ	ver identification number
WITZ	ER BROTHERS CHARITABLE FOUNDATION	59	-3619411
Part I	Contributors (see instructions) Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PO BOX 1313 PENSACOLA, FL 32596	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CHARLES SWITZER PO BOX 1313 PENSACOLA, FL 32596	sss	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
3	JOHN SWITZER PO BOX 1313 PENSACOLA, FL 32596	s20,229.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
,		s	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3 Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Employer Identification number Name of organization 59-3619411 SWITZER BROTHERS CHARITABLE FOUNDATION Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I 575 SHS MFS INTERNATIONAL VALUE FUND CLASS I (MINIX) 20,229. 12/31/13 (a) (0) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I 575 SHS MFS INTERNATIONAL VALUE FUND CLASS I (MINIX) 20,229. 12/31/13 (a) (c) No. (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I 575 SHS MFS INTERNATIONAL VALUE FUND CLASS I (MINIX) 3 \$ 20,229. 12/31/13 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part 1 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I (a) (c) No. (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I

	m 990, 990-EZ, or 990-PF) (2013)		Page 4	
ame of organiza	tion	Employer Identification number		
WITZER BROTHERS CHARITABLE FOUNDATION			59-3619411	
) 1	Exclusively religious, charitable, etc., indivers. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if addition	ne following line entry. For organizations co c., contributions of \$1,000 or less for the y	(8), or (10) organizations that total more than \$1,000 for the impleting Part III, enter ear. (Enter this information once)	
(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, a	nd 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	
(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	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
Part !				
		(e) Transfer of gift		
	Transferee's name, address, a		Relationship of transferor to transferee	

0425869705 June 26, 2014 LTR 2697C G R 59-3619411 201312 44 00028798

SWITZER BROTHERS CHARITABLE FOUNDATION PD BOX 1313 PENSACOLA FL 32596



DECLARATION

036678

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Trustee

gnature of Officer