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SCANNED DEC 0 1 2014

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
Do not enter Social Security numbers on this form as it may be made public.

OMB No 1545-0052

Department of the Treasury

_		Revenue Service Information about For	n 990-PF and its separa				Open to Public Inspection	
F		alendar year 2013 or tax year beginning		, 2013	, and end	ing A Employer ident	, 20	
		BEATITUDE FOUNDATION, INC.						
-		per and street (or P O box number if mail is not delivere	d to etraet address)		Room/sui	59-36362		
		or and street (or to box hamber it mail is not delivere	d to street address)		Koom/sui		ber (see instructions)	
	207	2 CHMMIT I AVE DOTTE			, , , ,	(8	50) 219-5000	
_		3 SUMMIT LAKE DRIVE or foreign point of the state of province, country, and ZIP or foreign points.	untal and a		155			
	O.,, 0	town, state of province, country, and zir of loreign pe	ostal code			C If exemption appli	cation is	
	יז ביי	LAHASSEE, FL 32317				pending, check he	re · · · · · ▶ □	
_		eck all that apply Initial return	Initial return	of a former r	udla aba	Fits 6	,	
•	One	· · · · · · · · · · · · · · · · · · ·	Amended re	•	Jublic Clia	J D I Toleigh again		
Final return Address change			Name chang			85% test, check	zations meeting the	
Н	Che	eck type of organization X Section 501				computation		
Ì	_	Section 4947(a)(1) nonexempt chantable trust	Other taxable pr		tion	· ·	on status was terminated	
ī			ounting method X C				(b)(1)(A), check here	
			ther (specify)			1	(b)(1)(B), check here	
		• • • • • • • • • • • • • • • • • • • •	column (d) must be on	cash basis)				
G	art	Analysis of Revenue and Expenses (The	(a) Revenue and				(d) Disbursements	
		total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in	expenses per	(b) Net inve		(c) Adjusted net income	for charitable purposes	
_		column (a) (see instructions))	books	IIICOII		moonie	(cash basis only)	
	1	Contributions, gifts, grants, etc , received (attach schedule)	2,051,650.					
	2	Check Lift the foundation is not required to attach Sch B			_			
	3	Interest on savings and temporary cash investments						
	4	Dividends and interest from securities	111.		111.		ATCH 1	
	5 a	Gross rents	600.					
	b	Net rental income or (loss)						
ne	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales pince for all			<u> </u>	SECENTE		
Revenue		assets on line 6a				TOLIVED	+	
Re	7	Capital gain net income (from Part IV, line 2)			18	MOV.O.		
	8	Net short-term capital gain			181	NUV 38 2014	 	
	9 10 a	Income modifications · · · · · · · · · · · · · · · · · · ·					131	
	_	and allowances · · · ·				GDEN ITT		
	i e	Less Cost of goods sold Gross profit or (loss) (attach schedule)						
	11	Other income (attach schedule)		-				
	12	Total. Add lines 1 through 11	2,052,361.		111.		d	
_	13	Compensation of officers, directors, trustees, etc	0				<u> </u>	
S	14	Other employee salaries and wages						
nses	15					- "		
per	16 a	Legal fees (attach schedule)						
Ä	b	Pension plans, employee benefits Legal fees (attach schedule) Accounting fees (attach schedule)ATCH 2 Other professional fees (attach schedule) * Interest	9,928.					
tive	С	Other professional fees (attach schedule) . \star .	16,783.					
ta	17	Interest						
nis	18	Taxes (attach schedule) (see instructions) $ATCH\ .\ 4$	9,363.		168.		 	
Ē	19	Depreciation (attach schedule) and depletion.	66,866.				 	
¥	20	Occupancy	7,790.					
and	21	Travel, conferences, and meetings	974.				 	
β	22	Printing and publications	31,125.				ļ	
aţi	23	Other expenses (attach schedule) ATCH .5.	31,125.				+	
ber	24	I otal operating and administrative expenses.	142,829.	1	168.			
ō	25	Add lines 13 through 23	528,159.		100.		528,159	
	25 26	Contributions, gifts, grants paid Total expenses and disbursements Add lines 24 and 25	670,988.	<u> </u>	168.	 	0 528,159	
_	27	Subtract line 26 from line 12	3,3,330.				320,133	
		Excess of revenue over expenses and disbursements	1,381,373.		l			
į		Net investment income (if negative, enter -0-)	,,-		Ö			
		Adjusted net income (if negative, enter -0-).		 			d	
F	_	perwork Reduction Act Notice, see instructions		*AT	CH 3		Form 990-PF(2013)	

Dorell	Attached schedules and amounts in the	Beginning of year	_ End	of year
Part I	Balance Sheets description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing	7,504.	224,802	. 224,802
2	Savings and temporary cash investments			
3	Accounts receivable			
"	Less allowance for doubtful accounts ▶			
4	Pledges receivable			
7	Less allowance for doubtful accounts			
_ ا				
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			
	disqualified persons (attach schedule) (see instructions)			
7	Other notes and loans receivable (attach schedule)	İ		
	Less allowance for doubtful accounts ▶			
ssets 6 %	Inventories for sale or use			<u> </u>
Š 9	Prepaid expenses and deferred charges			
	Investments - U.S. and state government obligations (attach schedule)			
b	Investments - corporate stock (attach schedule)			
11 °	Investments - corporate bonds (attach schedule)			
	Less accumulated depreciation (attach schedule)			
12	Investments - mortgage loans			<u> </u>
13	Investments - other (attach schedule)			<u> </u>
14	Land, buildings, and equipment basis Less accumulated depreciation (attach schedule) 3,022,109. 86,474.			ATCH 6
- 1	Less accumulated depreciation (attach schedule)	1,293,201.	2,935,635	. 2,935,635
15	Other assets (describe ATCH 7)	1,583.	1,556	
16	Total assets (to be completed by all filers - see the			
1	instructions Also, see page 1, item I)	1,302,288.	3,161,993	. 3,160,437
17	Accounts payable and accrued expenses	· - 1		
18	Grants payable			7
	Deferred revenue			7
₹ 20	Loans from officers, directors, trustees, and other disqualified persons		258,100	-
国 24		···-	2007200	Ⅎ
Liabilities 51	Mortgages and other notes payable (attach schedule)	47,937.	47,937	+
22	Other liabilities (describe ►ATCH_8)	47,537.	47,937	
	T-4-1 (1-1-1/4 /	47 037	206 027	
23	Total liabilities (add lines 17 through 22)	47,937.	306,037	≟
Ses	Foundations that follow SFAS 117, check here . ▶ and complete lines 24 through 26 and lines 30 and 31.			
E 24	Unrestricted			=
Balances 25	Temporarily restricted			_
— 26	Permanently restricted	,	- ,	4
or Func	Foundations that do not follow SFAS 117, ▶ X			
틸	check here and complete lines 27 through 31.			
<u>v</u> 27	Capital stock, trust principal, or current funds	1,254,351.	2,855,956	<u>-</u>
9 28	Paid-in or capital surplus, or land, bldg, and equipment fund			
Assets 58 58	Retained earnings, accumulated income, endowment, or other funds			
돌 30	Total net assets or fund balances (see instructions)	1,254,351.	2,855,956	<u>.</u>
2 31	Total liabilities and net assets/fund balances (see			1
	instructions)	1,302,288.	3,161,993	
Part I	Analysis of Changes in Net Assets or Fund E	Balances		
	al net assets or fund balances at beginning of year - Part I		ust agree with	
	f-of-year figure reported on prior year's return)		1,254,351	
	er amount from Part I, line 27a			1,381,373
3 Oth	ner increases not included in line 2 (itemize) ATCH 9		3	221,581
			4	2,857,305
5 Dec	d lines 1, 2, and 3		5	1,349
	al net assets or fund balances at end of year (line 4 minus			2,855,956
0 100	arrier assers or rund balances at end or year time 4 minus	mis of taren, continue	7, m.c. 00 0	Form 990-PF (2013)

1	Dan		1
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1	ick warehouse, or common stock, 200	(e g , real estate, shs MLC Co)	acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr
			<u> </u>		
o					
<u> </u>					
<u> </u>					
)			ļ	<u> </u>	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
· · · · · · · · · · · · · · · · · · ·					
·					
l				 	
0		d b 40 - 6 - 44 - 4 - 40 (04 (00	-		
Complete only for assets s	showing gain in column (h) and owne			Gains (Col (h) g (k), but not less t	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	COI	Losses (from co	
			-		- · · · · · · · ·
)			ļ		····
;			ļ		
1		ļ	ļ		
<u> </u>		<u> </u>	<u> </u>		
Capital gain net income or		gain, also enter in Part I, line 7			
	· · · · · · · · · · · · · · · · · · ·	(loss), enter -0- in Part I, line 7	2		
	or (loss) as defined in sections 12		1		
-		ructions) If (loss), enter -0- in			
	Lada Castian 4040/a) fan Ba	duced Tax on Net Investment I	3		
		e section 4940(a) tax on net investi			
section 4940(d)(2) applies, I	leave this part blank				
as the foundation liable for t	the section 4942 tax on the distrik	outable amount of any year in the b	ase period	1 ?	Yes X N
as the foundation liable for t "Yes," the foundation does r	the section 4942 tax on the distrib not qualify under section 4940(e)	Do not complete this part	·		Yes X N
as the foundation liable for t "Yes," the foundation does r Enter the appropriate amo	the section 4942 tax on the distrib not qualify under section 4940(e) ount in each column for each year	Do not complete this part see the instructions before making	·	es	Yes X N
as the foundation liable for t "Yes," the foundation does r Enter the appropriate amo (a) Base penod years	the section 4942 tax on the distrib not qualify under section 4940(e)	Do not complete this part	any entri	es (d) Distribution re	atio
as the foundation liable for t 'Yes," the foundation does r Enter the appropriate amo (a) Base penod years alendar year (or tax year beginning in)	the section 4942 tax on the distribution of qualify under section 4940(e) bunt in each column for each year (b) Adjusted qualifying distributions	Do not complete this part , see the instructions before making (c) Net value of nonchantable-use assets	any entri	es (d)	atio v col (c))
as the foundation liable for to "Yes," the foundation does room Enter the appropriate amo (a) Base penod years Calendar year (or tax year beginning in)	the section 4942 tax on the distribution of qualify under section 4940(e) bunt in each column for each year (b) Adjusted qualifying distributions 947,122.	Do not complete this part , see the instructions before making (c) Net value of nonchantable-use assets 191,812.	any entri	es (d) Distribution re	atio (col (c)) 4.937762
as the foundation liable for to "Yes," the foundation does room to the appropriate amo (a) Base penod years Calendar year (or tax year beginning in) 2012 2011	the section 4942 tax on the distribution of qualify under section 4940(e) bunt in each column for each year (b) Adjusted qualifying distributions 947,122. 773,468.	Do not complete this part , see the instructions before making (c) Net value of nonchantable-use assets 191,812. 1,271,388.	any entri	es (d) Distribution re	atio r col (c)) 4.937762 0.608365
as the foundation liable for to "Yes," the foundation does researcher the appropriate amo (a) Base penod years Calendar year (or tax year beginning in) 2012 2011 2010	the section 4942 tax on the distributor qualify under section 4940(e) bunt in each column for each year (b) Adjusted qualifying distributions 947,122. 773,468. 221,769.	Do not complete this part , see the instructions before making (c) Net value of nonchantable-use assets 191,812. 1,271,388. 1,691,531.	any entri	es (d) Distribution re	atio col (c)) 4.937762 0.608365 0.131105
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Pai	tVI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	nstru	ction	s)
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of letter if necessary - see Instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			0
	here ► X and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 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-) 4			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			0
6	Credits/Payments			
а	2013 estimated tax payments and 2012 overpayment credited to 2013 6a 6,721.			
b	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868) 6c			
đ	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d		6,/	721.
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		6 5	21.
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be Credited to 2014 estimated tax 6,721. Refunded 11		0,/	21.
	Enter the amount of line 10 to be Credited to 2014 estimated tax ► 6,721. Refunded ► 11 tVII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate		Yes	No
ı a	or intervene in any political campaign?	1a	163	X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the	, a		
	definition)?	16		х
	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			
С	Did the foundation file Form 1120-POL for this year?	1c		х
	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 (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? ATCH 11	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_
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	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		<u> </u>
	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			i
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict		х	
_	with the state law remain in the governing instrument?	7	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	\vdash	- 11	
oa	Enter the states to which the foundation reports or with which it is registered (see instructions) FL,			
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
U	of each state as required by General Instruction G? If "No," attach explanation	8b	х	
9	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 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete	-		
	Part XIV	9		х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and			
. •	addresses	10		Х

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 2013? 4b X
Form 990-PF(2013)

4a

Form **990-PF** (2013)

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

Part VIII Information About Officers, Directors, Trustees, Foundation	Manager Highly Daid French	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation and Contractors (continued)	n Managers, Hignly Paid Emplo	yees,
3 Five highest-paid independent contractors for professional services (see	e 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		
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year include relevant sta organizations and other beneficianes served, conferences convened, research papers produced, etc	atistical information such as the number of	Expenses
1 NONE		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see instructions		
Describe the two largest program-related investments made by the foundation during the tax year on lin	nes 1 and 2	Amount
1 NONE		
		
2		
All other program-related investments. See instructions		
3 NONE		
Table Add by Alberta O		
Total. Add lines 1 through 3		l

Form 990-PF (2013)

Form 9	90-PF (2013)		Page 8
Part	Minimum Investment Return (All domestic foundations must complete this part. Foreignsee instructions.)	gn foundation	ons,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
a	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	276,710.
С	Fair market value of all other assets (see instructions)	1c	55,692.
d	Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and	1d	332,402.
е			
_	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see	3	332,402.
4			
_	Instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	4	4,986.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	327,416.
6	Minimum investment return. Enter 5% of line 5	6	16,371.
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating found and certain foreign organizations check here ► and do not complete this part)	dations	
1	Minimum investment return from Part X, line 6	1	16,371.
2 a	Tax on investment income for 2013 from Part VI, line 5		
b	Income tax for 2013 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	
3	Add lines 2a and 2b Distributable amount before adjustments Subtract line 2c from line 1.	3	16,371.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	16,371.
6	Deduction from distributable amount (see instructions) Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	16,371.
Part	XII 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	528,159.
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	1,561,020.
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
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	2,089,179.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,089,179.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when c qualifies for the section 4940(e) reduction of tax in those years	alculating w	hether the foundation

Form 990-PF (2013)

Form 990-PF (2013) Page 9 Part XIII Undistributed Income (see instructions) Corpus Years prior to 2012 2012 2013 Distributable amount for 2013 from Part XI, 16,371. Undistributed income, if any, as of the end of 2013 a Enter amount for 2012 only b Total for pnor years 20 11 ,20 10 ,20 09 Excess distributions carryover, if any, to 2013 a From 2008 235,477 **b** From 2009 348,467. c From 2010 138,200. d From 2011 710,369. e From 2012 937,531. 2,370,044 f Total of lines 3a through e Qualifying distributions for 2013 from Part XII, line 4 ▶ \$ 2,089,179. a Applied to 2012, 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 d Applied to 2013 distributable amount 16,371. e Remaining amount distributed out of corpus . . 2,072,808. Excess distributions carryover applied to 2013 (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: 4,442,852 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 instructions f Undistributed income for 2013 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2014 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 2008 not applied on line 5 or line 7 (see instructions) . . . 235,477 Excess distributions carryover to 2014. 4,207,375 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9 348,467. a Excess from 2009 . . . b Excess from 2010 . . . 138,200. 710,369. c Excess from 2011 . . . 937,531.

Form 990-PF (2013)

d Excess from 2012 . . .

e Excess from 2013 . . .

2,072,808.

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

JSA 3E1490 1 000

factors

Page 11

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contribution Name and address (home or business) Purpose of grant or contribution Amount						
3 Grants and Contributions Paid Duri	ng the Year or Appr	oved for I	-uture Payment			
Recipient	show any relationship to	status of	Purpose of grant or contribution	Amount		
Name and address (home or business)	or substantial contributor	recipient	Contribution			
a Paid during the year		1				
SEE ATTACHMENT A				528,159.		
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		1				
	_	1				
Total			<u></u> ▶ 3a	528,159.		
b Approved for future payment		1				
.,		1				
		1				
		1				
		İ	1			
			1			
			1			
			1			
			1			
	L	<u></u>				
Total	<u> </u>	<u></u> .		<u> </u>		
				Form 990-PF (2013)		

Part XVI	-A Analysis of Income-Produ	ucing Activ	vities	 		rage (
Enter gross amounts unless otherwise indicated		Unrel	ated business income	Excluded by	(e)	
1 Program	a service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
-	Tool vice versings					(See instructions)
				T		
			 			
. —						
e				-		
f						· · · · · · · · · · · · · · · · · · ·
	and contracts from government agencies					
_	ship dues and assessments					
	on savings and temporary cash investments					
	ds and interest from securities			14	111.	
	al income or (loss) from real estate	***************************************				
	-financed property					
	debt-financed property			<u> </u>		
	Il income or (loss) from personal property					· · · · · · · · · · · · · · · · · · ·
	vestment income			<u> </u>		·
	loss) from sales of assets other than inventory					
	ome or (loss) from special events	-		-	-	
	rofit or (loss) from sales of inventory					
				·		
	 					
e						
	i Add columns (b), (d), and (e)			+	111.	
		`				111
	dd fine 12, columns (b), (d), and (e) heet in line 13 instructions to verify calc					111
Part XVI			complishment of Ex	xempt Purp	oses	- · · · · · · · · · · · · · · · · · · ·
Line No.	Explain below how each activity					tod importantly to th
▼	accomplishment of the foundation					
	NOT APPLICABLE					
•	NOT AFFEICABLE					
				· ·		
						
					·	
		-	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
						
		-				
					····	
						
						
				. ,		
						
						
						
			 			

Par	t XVII	Information R Exempt Organ		ansfers To and	Transacti	ions and	Relation	ships With None	charitab	le
1	ın sec	e organization direct tion 501(c) of the Co zations?				-			Yes	No
а	_	ers from the reportin	g foundation to	a noncharitable ex	empt orgar	nization of				
	(1) Ca	sh							1a(1)	X
		her assets				· · · · · ·			1a(2)	<u> </u>
b		transactions								,,
								1b(1)	$\frac{x}{x}$	
							1b(2) 1b(3)	$\frac{1}{x}$		
	(4) Re	embursement arrange	ements	455005				• • • • • • • • • •	1b(3)	$\frac{x}{x}$
	(5) Lo	ans or loan guarantee	es			. 			1b(5)	X
	(6) Pe	rformance of service	s or members	hip or fundraising so	licitations .				1b(6)	Х
С	Sharın	ig of facilities, equipn	nent, mailing lis	sts, other assets, or p	paid employ	yees			1c	X
d	If the	answer to any of th	e above is "Ye	es," complete the fo	ollowing so	chedule. C	Column (b) s	hould always show	the fair i	market
	value	of the goods, other in any transaction or	assets, or serv	ices given by the re	eporting to	undation	If the found	ation received less	than fair i	narket
(a) L	ne no	(b) Amount involved		nonchantable exempt orga				ers, transactions, and shar		
(0) [.		N/A	(c) Italiie of	nonchantable exempt orga		N/A	inplion of trains	ers, transactions, and shar	ing arrangem	ents
						1				
		·								
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								<u> </u>		
										
				······································		 		· · · · · · · · · · · · · · · · · · ·	·	
-								····		
						-		· · · · · · · · · · · · · · · · · · ·		
										
	descri	foundation directly bed in section 501(c)	of the Code (c						Yes [2	
		(a) Name of organization		(b) Type of o	rganization			c) Description of relations	hip	
		·								
										
								<u> </u>		
								·· ····		
—— Sigr	corre	er penalties of penjury, I declar ct, and complete Declaration of	are that I have exam for eparer other than	Inned this return, including a taxpayer) is based on all infor	accompanying so mation of which	chedules and preparer has a	statements, and the horizontal statements are also and the horizontal statements and the horizontal statements and the horizontal statements and the horizontal statements and the horizontal statements and the horizontal statements are also and the horizontal statements and the horizontal statements are also and the horizontal statements and the horizontal statements are also and the horizontal statements are also and the horizontal statements and the horizontal statements are also and the horizontal statements are also and the horizontal statements and the horizontal statements are also and the horizontal statements are also and the horizontal statements are also and the horizontal statements are also and the horizontal statements are also also also also also also also also		je and belief, i	
Her	e 💆	nature of officer or trustee		Date	-14	Title	resou		eparer shown s)? X Yes	
D-:		Print/Type preparer's na	me	Preparer's signature		111/	Date 1	Check If F	NIT	
Paic		WINSTON K HOW	ELL	MINTKABU	vll (yrve	11/14/1	u	P013474	09
	oarer		OMAS HOWEL		Α.			Firm's EIN ▶59-3	186310	
Use	Only		15 CENTENN		ITE 200					
		TA	LLAHASSEE,	FL		323	308		58-8100 m 990-PF	
								Fo	m ママ ひ・ ピト	(2013)

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury Internal Revenue Service
Name of the organization

Schedule of Contributors

OMB No 1545-0047

2013

► 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.

The of the organization

Employer identification number

THE BEATITUDE FOUND	ATION, INC.	59-3636206					
Organization type (check one)							
Filers of:	Section:						
Form 990 or 990-EZ	501(c)() (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private fo	undation					
	527 political organization						
Form 990-PF	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private found	ation					
	501(c)(3) taxable private foundation						
Note. Only a section 501(c)(7) instructions General Rule	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a						
	ifiling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 one contributor. Complete Parts I and II	or more (in money or					
Special Rules							
under sections 509	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support (a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during to 5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form d II	ne year, a contribution of					
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.							
990-EZ, or 990-PF), but it mu	is not covered by the General Rule and/or the Special Rules does not file sist answer "No" on Part IV, line 2, of its Form 990, or check the box on line o certify that it does not meet the filing requirements of Schedule B (Form 9	H of its Form 990-EZ or on its					
For Bananyark Reduction Act Natio	es see the Instructions for Form 990, 990 E7, or 990 DE	B (Farm 000, 000 F7, an 000 DF) (0040)					

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)

Employer identification number 59-3636206

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is nee	ded.
(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	\$2,050,000.	Person X 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
		\$	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
		\$	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)

JSA

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	eded.
(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
		\$	

Employer identification number

59-3636206

Part III	that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry												
	For organizations completing Part III, e contributions of \$1,000 or less for the	e year. (Enter this in	formation once. S	charitable, etc , ee instructions) ▶\$									
	Use duplicate copies of Part III if addıti	ional space is neede	ed.										
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held									
		(e) Transf	er of gift										
	Transferee's name, address, an	id 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, ar	nd ZIP + 4	Relatio	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) Transf	er of gift										
	Transferee's name, address, ar	nd ZIP + 4	Relatio	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) Transf	er of gift	<u> </u>									
	Transferee's name, address, ar	nd 7IP + 4											
	riansieree s name, audress, di	IN EIF 1 7	Kelatio	nship of transferor to transferee									

THE BEATITUDE FOUNDATION, INC. 2013 FORM 990-PF

59-3636206

5,000

AMOUNT

PURPOSE OF GRANT

FOUNDATION STATUS

ADDRESS

36,120 100,000 83,831

8

1,000

80

15,000

12,500

25,000

\$ 528,159

TOTAL CONTRIBUTIONS PAID

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

OF RECIPIENT OR CONTRIBUTION	1823 BUFORD COURT TALLAHASSEE FL 32308 CHARITABLE ORG PAYAGENTS FOR PROGRAMS SERVING THE DISABLED	/ARD CHARITABLE ORG	306 LAURA LEE AVE, TALLAHASSEE FL 32301 CHARITABLE ORG PAYMENTS FOR EVENTS AND SERVICES	1000 W GARDEN STREET PENSACOLA, FL 32502 CHARITABLE ORG PAYMENTS FOR EVENTS AND SERVICES	6931 ARLINGTON ROAD, 2ND FLOOR CHARITABLE ORG PAYMENTS FOR MEDICAL RESEARCH BETHESDA, ND 20814	P O BOX 10547 TALLAHASSEE, FL 32302 CHARITABLE ORG PAYMENTS FOR WOMENS SERVICES	1545 RAYMOND DIEHL ROAD TALLAHASSEE. FL 32308 CHARITABLE ORG PAYMENTS FOR NEDICAL ASSISTANCE	702 WEST MADISON STREET TALLAHASSEE, FL 32304 CHARITABLE ORG PAYMENTS FOR FANILY SERVICE PROGRAMS	2000 LEVY AVENUE, BUILDING A, SUITE 351, CHARITABLE ORG PAYMENTS FOR EVENTS AND SERVICES	ISSEE, FL	32303 CHARITABLE ORG PAYMENTS FOR CONSTRUCTION OF AFFORDABLE HOUSING	P O BOX 10547 TALLAHASSEE, FL 32302 CHARITABLE ORG PAYAENTS FOR EVENTS AND SERVICES	5100 TERREBONE DRIVE, SOUTHWOOD TALLAHASSEE, FL 32311 CHARITABLE ORG PAYMENTS FOR CHURCH EVENTS AND SERVICES	LAHASSEE,	CIRCLE	TALLAHASSEE, FL 32301 CHARITABLE ORG PAYMENTS FOR YOUTH SERVICES	P O BOX 20910 TALLAHASSEE EL 32316 CHARITABLE ORG PAYMENTS FOR INDIGENT HOUSING PROGRAMS	E CHARITABLE ORG	
RECIPIENT NAME	ABILITY IST TALLA	SPICE FOUNDATION		CATHOLIC CHARITIES OF NORTHWEST FLORIDA PENS.					SSEARCH FOUNDATION		GOOD NEWS OUTREACH	GOOD SAMARITIAN NETWORK, INC	JOHN PATI. II CATHOLIC HIGH SCHOOL.		MUSSION SAIN LOIS	PACE CENTER FOR GIRLS TALLA		NALD HOUSE CHARITIES OF TALLAHASSEE INC	514

PART I - DIVIDENDS AND INTEREST FROM SECURITIES FORM 990PE,

NET INVESTMENT INCOME	111.	111.
REVENUE AND EXPENSES PER BOOKS	111.	111.
		TOTAL
DESCRIPTION	REGIONS - INTEREST	

CHARITABLE PURPOSES		
ADJUSTED NET INCOME		
NET INVESTMENT INCOME		
REVENUE AND EXPENSES PER BOOKS	9,928.	9,928.
		TOTALS
DESCRIPTION	ACCOUNTING FEES	

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

CHARITABLE <u>PURPOSES</u>		
ADJUSTED NET INCOME		
NET INVESTMENT INCOME		
REVENUE AND EXPENSES PER BOOKS	16,783.	16,783.
		TOTALS
DESCRIPTION	CONSULTING FEES	

FORM 990PF, PART I - TAXES

		CHARITABLE	PURPOSES		
	ADJUSTED	NET	INCOME		
	NET	INVESTMENT	INCOME	168.	168.
REVENUE	AND	EXPENSES	PER BOOKS	9,363.	9,363.
					TOTALS
			DESCRIPTION	PROPERTY TAXES	

THE BEATITUDE FOUNDATION, INC.

ATTACHMENT 5

FORM 990PF, PART I - OTHER EXPENSES

CHARITABLE PURPOSES_	
ADJUSTED NET INCOME	
NET INCOME INCOME	
REVENUE AND EXPENSES PER BOOKS 17,407. 75. 3,500. 688. 334. 4,012. 333.	31,125.
DESCRIPTION INSURANCE SERVICES APPRAISAL FEES BUSINESS LICENSES AND PERMITS MISCELLANEOUS ADVERTISING OFFICE EXPENSE	TOTALS

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

TAIL	ENDING BALANCE	40,525.	956.	3,160	8,043	1,152	53,836
PRECIATION DE	DISPOSALS						
ACCUMULATED DEPRECIATION DETAIL	ADDITIONS	23,707.	604	3,160.	8,043	1,152	
ACC	BEGINNING BALANCE	16,818	352				17,170
	ENDING BALANCE	924,596	4,930	44,225	408,254	16,119	1, 398, 124
FIXED ASSET DETAIL	DISPOSALS						
FIXED A	ADDITIONS			44,225.	408,254.	16,119.	
	BEGINNING BALANCE	924,596.	4,930				929,526.
	METHOD/ CLASS	M39	K	LW.	M27	LW.	
	ASSET DESCRIPTION	RENAISSANCE CENT	FURNITURE - RC	FURNITURE - WCDC	WCDC - UNIT #1	FURNITURE - TEMP	TOTALS

- OTHER ASSETS PART II FORM 990PF,

DESCRIPTION

ORGANIZATIONAL COSTS ACCUMULATED AMORTIZATION UTILITY DEPOSITS LOAN FEES

ENDING BOOK VALUE

2,150. -2,199. 801. 804.

TOTALS

,556.

ATTACHMENT 7 PAGE 24 THE BEATITUDE FOUNDATION, INC.

59-3636206

ATTACHMENT 8

FORM 990PF, PART II - OTHER LIABILITIES

DESCRIPTION

ENDING BOOK VALUE

COMMUNITY REDEVELOPMENT LOAN

47,937.

TOTALS

47,937.

. THE BEATITUDE FOUNDATION, INC.

59-3636206

ATTACHMENT 9

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

AMOUNT

GAIN ON SALE OF PROP. TO DISREGARDED

ENTITY

221,581.

TOTAL

221,581.

. THE BEATITUDE FOUNDATION, INC.

59-3636206

ATTACHMENT 10

FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

AMOUNT

OTHER DECREASES

1,349.

TOTAL

1,349.

ATTACHMENT 11

FORM 990PF, PART VII-A -ACTIVITIES NOT PREVIOUSLY REPORTED TO THE IRS

BEGINNING IN JUNE 2013, THE BEATITUDE FOUNDATION, INC. (BEATITUDE) COMPLETED CONSTRUCTION ON A RESIDENTIAL BUILDING LOCATED IN TALLAHASS--EE FLORIDA. THE BUILDING IS USED TO PROVIDE TRANSITIONAL HOUSING FOR OTHERWISE HOMELESS INDIVIDUALS. THE MANAGEMENT OF THESE HOUSES AND SERVICES PROVIDED THEREIN ARE PERFORMED BY OTHER 501(C)(3) ORGANIZAT--IONS.

ATTACHMENT 12

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

THE BEATITUDE FOUNDATION, INC.

NAME AND ADDRESS

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION

1700 SUMMIT LAKE DRIVE RICHARD S. KEARNEY

TALLAHASSEE, FL 32317

PRESIDENT/DIRECTOR

1700 SUMMIT LAKE DRIVE TALLAHASSEE, FL 32317 SHERRY THOMPSON

VICE PRESIDENT/DIRECTOR

KIMBERLY D GARNER

1700 SUMMIT LAKE DRIVE TALLAHASSEE, FL 32317

DIRECTOR

ATTACHMENT 12 PAGE 29

4562

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions.

► 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

Identifying number 59-3636206

G Pa	ENERAL DEPRECIATION rt I Election To Expense Ce		nder Secti	on 179						
	Note: If you have any list				you co	mpl	ete Part I.			
1	Maximum amount (see instructions)		·						1	
2	Total cost of section 179 property pla	ced in service (see in	structions)			• •			2	
3	Threshold cost of section 179 property	ty before reduction is	n limitation (se	e instruction	 ns)				3	
4 5	Reduction in limitation Subtract line 3 Dollar limitation for tax year Subtract line 4 from separately, see instructions	3 from line 2 If zero o	r less, enter -()-					4 5	
6	(a) Description			(b) Cost (bu	siness use	e only	(c) Elect	ed cost	ــــــــــــــــــــــــــــــــــــــ	
				,,			, , , , , ,			
							+			
7	Listed property Enter the amount from	n line 29				7				
8	Total elected cost of section 179 prop		n column (c).	ines 6 and	 7				8	
9	Tentative deduction Enter the smaller	of line 5 or line 8	(-,,		• • • •				9	
10	Carryover of disallowed deduction fro	m line 13 of your 20				• • •			10	
11	Business income limitation Enter the	smaller of busines:	s income (no	t less than	zero) or	r line	5 (see instruc	tions)	11	
12	Section 179 expense deduction Add								12	
13	Carryover of disallowed deduction to					13		• • •		
	: Do not use Part II or Part III below for									
Pa					o not in	clud	le listed prope	rtv)	(See	instructions)
14	Special depreciation allowance for								Ì	
	during the tax year (see instructions)								14	30,173.
15	Property subject to section 168(f)(1) e								15	
16	Other depreciation (including ACRS)								16	
_	t III MACRS Depreciation (D	o not include liste	d property)	(See instr	uctions)				
				tion A						
17	MACRS deductions for assets placed	In service in tax vea	rs beginning b	efore 2013					17	24,311.
18	If you are electing to group any a								<u> </u>	······································
	asset accounts, check here	•	_	-						
	Section B - Assets							recial	ion S	ystem
		(b) Month and year	(c) Basis for	depreciation	(d) Reco	-				
	(a) Classification of property	placed in service	(business/inv only - see in		репос	a	(e) Convention	(f) M	ethod	(g) Depreciation deduction
19a	3-year property	SEE								
b	5-year property	DETAIL				$\neg \uparrow$				
С	7-year property		3	0,171.	7.0	00	HY	20	0DB	4,312.
d	10-year property									
е	15-year property									
f	20-year property						· · · · · · · · · · · · · · · · · · ·			
g	25-year property		·		25 yrs	s		s	/L	
h	Residential rental	06/30/2013	40	8,254.	27 5 yı	rs	MM	s	/L	8,043.
	property			_	27 5 yı	rs	ММ	s	/L	
1	Nonresidential real				39 yrs	s	ММ	S	/L	
•	property		· ·-				ММ	s	/L	
	Section C - Assets P	laced in Service D	uring 2013	Tax Year	Using t	he /	Alternative De	preci	ation	System
20a	Class life								/L	
	12-year	,			12 yrs	s		s	/L	
	40-year				40 yrs	\rightarrow	ММ		/L	
	rt IV Summary (See instruction	ons.)		 	•			•		·
21	Listed property Enter amount from lin								21	
	Total. Add amounts from line 12, lii							here		
	and on the appropriate lines of your re	-						<u></u>	22	66,839.
23		•	•		1	<u> </u>				
	portion of the basis attributable to see	ction 263A costs	<u></u>	<u></u> .	<u>.</u>	23				

Pa	rt V Listed Pro	operty (Include ent, recreation, o	automob	iles, (certain	othe	vehi	cles,	certain	com	outers,	and	prope	rty us	ed fo
	Note: For a	ny vehicle for wh	ich you are	e using	g the s	tandard	mileag	ge rat	e or de	ducting	lease	expens	e, com	olete or	ıly 24a
_		s (a) through (c) of											4		
242	Do you have evidence	Depreciation and													
270		T	(c)	T use	Claimed	<u>' </u>	(e)	NO	24b lf "\	Τ		T		Yes L	No
	(a) Type of property (list vehicles first)	Date placed in service	Business/ investment us percentage	ie Cost	(d) or other b		sis for depr siness/inve use only	estment	(f) Recovery period	Met	g) hod/ ention	Depr	(h) reciation luction	Elected	i) section cost
25	Special depreciation the tax year and us	on allowance for	qualified lis	sted pr	operty	placed	in serv	vice di	uring	_	. 25				
26	Property used mor					000		.0.107			. 25	<u> </u>		ــــــــــــــــــــــــــــــــــــــ	
			Υ	%	-									Τ	
				%	•									<u> </u>	
				%											
27	Property used 50%	6 or less in a qualifi	ed business	use							-·· ·,				
				%						S/L -				1	
	 			%						S/L -		ļ		1	
		<u> </u>		%						S/L -		ļ		4	
28	Add amounts in co	olumn (h), lines 25	through 27	Enter	here ar	nd on lu	ne 21, p	age 1			. 28	l	- 	 	
29	Add amounts in co	numm (i), line 26 E									• • • •	• • • •	. 29_		
Com	plete this section fo	or vahicles used by			Inform:					or r	olotod m		lf vou m	en and and	مامنطمير
to yo	our employees, first an	iswer the questions in	Section C to	see if	you meet	an exce	eption to	compl	eting this	section	for those	vehicle	n you p es	rovided	venicie
<u> </u>		<u></u>			(a)		b)	T	(c)		d)	r	(e)		f)
30	Total business/inv	estment miles drive	en durina		iicle 1		icle 2	Ve	hide 3		icle 4		hicle 5		cle 6
30	the year (do not in														
31	Total commuting n	-	-												
	_	personal (nonco													
	miles driven										_			<u> </u>	
33	Total miles drive	en during the ye	ear Add												
	lines 30 through 3							<u> </u>		ļ	10			ļ	
34	Was the vehicle		•	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	use during off-duty				<u> </u>	ļ	ļ	 	-	ļ	ļ	ļ	 	 	
35	Was the vehicle														
20	than 5% owner or Is another vehic				 		ļ		+	 		-		\vdash	
30	_	e available for	•												
		ction C - Questic		nlove	re Who	Provi	de Vel	nicles	for He	by Th	eir Em	nlove		L	
Δne	wer these question									-				who are	not
	e than 5% owners					, comp	icting t			Criticics	uscu t	y chip	loyecs v	WIIO ale	1100
	Do you maintain					all per	sonal u	se of	vehicles	includ	dina co	mmutu	na hv	Yes	No
	your employees?														
38	Do you maintain	a written policy s	statement t	nat pr	onibits	person	ai use	or ve	nicies, e	xcept of	commu	ting, b			
	employees? See the	ne instructions for	vehicles use	ed by c	orporate	e office	rs, direc	ctors, c	or 1% or	more o	wners				
	•	e of vehicles by em	iployees as	person	al use?										-
40	Do you provide r		-			s, opta	ın ıntor	matio	n rrom	your er	прюуе	es abo	ut the		
44	use of the vehicles Do you meet the re													-	-
41	Note: If your answ	equirements conce	nning quain	"Ves" n	tomobile	mnlete	Section	n R for	the cov	ered vel	icles	• • • •	• • • •	\vdash	
Рa	rt VI Amortizat			100, 0	0 1101 00	,,,p.o.c	000		170 001	31 OG 101	110100	-		ــــــــــــــــــــــــــــــــــــــ	
Га	Amortizat				1			$\neg \top$			(e	<u>, T</u>		-	
	(a) Description	of costs	(b) Date amort		Ап	(c) ortizable	amount		(d) Code se		Amorti perio percei	zation d or	Amortiza	(f) ation for th	ııs year
42	Amortization of co	sts that begins dur	ing your 20	13 tax	year (se	e instri	uctions)								
_															
43	Amortization of co											43			27
44	Total. Add amount	s in column (f) Se	e the instru	ctions	for whe	re to re	port	<u></u>	<u></u>	<u></u>		44			27
JSA													For	m 4562	(2013)

<u>.</u>....8868

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

Form 8868 (Rev 1-2014)

If you are	e filing for an Automatic 3-Month Extension, c	complete o	nly Part I and check th	is box	► X					
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)										
Oo not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868										
a corporation 8868 to re Return for Instructions	filing (e-file). You can electronically file Form an required to file Form 990-T), or an addition quest an extension of time to file any of the Transfers Associated With Certain Personal For more details on the electronic filing of the state of the sta	nal (not aut forms liste il Benefit (nis form, vis	omatic) 3-month exten d in Part I or Part II w Contracts, which musi at www.irs.gov/efile an	nsion of time You can electronicall ith the exception of Form 8870, 1 t be sent to the IRS in paper for d click on e-file for Chanties & Nong	y file Form nformation ormat (see					
	utomatic 3-Month Extension of Time. On									
Part I only . All other co	on required to file Form 990-T and requesting									
	Name of exempt organization or other filer, see in	structions.		Employer identification number (EIN) of						
Type or print File by the	The Beatitude Foundation, In Number, street, and room or suite no If a P O bo	c.	ctions.	X 59-3636206						
Number, street, and room or suite no if a PO box, see instructions. Social security number (SSN)										
	Tallahassee,FL 32317									
	Return code for the return that this application	,		or each return)	. 0 4					
Application	1	Return	Application		Return					
ls For		Code	Is For		Code					
	or Form 990-EZ	01	Form 990-T (corporat	tion)	07					
Form 990-E		02	Form 1041-A		08					
	(individual)	03	Form 4720 (other that	an individual)	09					
Form 990-F		04	Form 5227		10					
	T (sec 401(a) or 408(a) trust)	05	Form 6069		11					
Form 990-	T (trust other than above)	06	Form 8870		12					
Telepho If the org If this is for the who a list with the I required	ne No. 850-219-8216 ganization does not have an office or place of for a Group Return, enter the organization's foole group, check this box he names and EINs of all members the extensuest an automatic 3-month (6 months for a coingle) 08/15 20 14, to file the	I business in our digit Gro if it is for pa sion is for rporation re	oup Exemption Number art of the group, check equired to file Form 99	(GEN) If the this box and atto If the control of time	is is ach					
► X	tax year beginning		_							
	tax year entered in line 1 is for less than 12 m Change in accounting period									
	s application is for Form 990-BL, 990-PF, 9 efundable credits. See instructions	90-T, 4720), or 6069, enter the	tentative tax, less any	ONFE					
	is application is for Form 990-PF, 990-T,				1.AE					
	nated tax payments made. Include any prior yeance due. Subtract line 3b from line 3a Include			equired by using FETPS	10(V==					
(Elec	tronic Federal Tax Payment System) See instru	uctions		3c \$ /	IME					
Caution. If y	you are going to make an electronic funds withdrawa	al (direct deb	oit) with this Form 8868, s	see Form 8453-EO and Form 8879-EO f	or payment					
instructions										

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (F	Rev 1-2014)				Page 2
If you ar	re filing for an Additional (Not Automatic) 3-Mo	onth Exten	sion, complete only Part II	and check this box	▶ X
-	complete Part II if you have already been grain				
-	re filing for an Automatic 3-Month Extension, o			, , ,	_
Part II	Additional (Not Automatic) 3-Month Ex			inal (no copies needed).	
· aire ii				nter filer's identifying number, se	o instructions
	Name of exempt organization or other filer, see instructions			Employer Identification number (EIN) or	
Type of					
Type or	Mha Daatituda Rawadatiaa Taa		V 50 2626206		
print	The Beatitude Foundation, Inc. Number, street, and room or suite no If a P.O. box, see instructions.			X 59-3636206 Social security number (SSN)	
File by the				Coolar Society Hamber (COIV)	
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.			<u></u>	
return See					
Instructions	Tallahassee, FL 32317				
Enter the	Return code for the return that this application	,		ach return)	0 4
Application		Return	Application		Return
ls For		Code	Is For		Code
Form 990 or Form 990-EZ		01	[2015] [2015] [2015] [2015] [2015] [2015] [2015] [2015] [2015] [2015] [2015] [2015] [2015] [2015] [2015] [2015]		ではない。
Form 990-BL		02	Form 1041-A		08
Form 4720 (individual)		03	Form 4720 (other than individual)		09
Form 990-PF		04	Form 5227		10
Form 990-T (sec 401(a) or 408(a) trust)		05	Form 6069		11
Form 990-T (trust other than above)		06	Form 8870		12
STOP! Do	not complete Part II if you were not already	granted ar	automatic 3-month exter	nsion on a previously filed For	rm 8868.
	oks are in the care of ► Claude R. W				
Telepho	one No ▶ 850-219-8216		Fax No ▶ 850-219	-5050	
	rganization does not have an office or place of		· · · · · · · · · · · · · · · · · · ·		
	for a Group Return, enter the organization's fo				his is
	role group, check this box ▶				
	e names and EINs of all members the extension		int of the group, official this	John I I I I I I I I I I I I I I I I I I I	ilaon a
4 I request an additional 3-month extension of time until November 17 , 20 14 .					
	For calendar year 2013, or other tax year beginning , 20 , and ending , 20				
Change in accounting period 7. State in detail why you need the extension. Information, required to complete return has not yet.					
7 State in detail why you need the extension <u>Information required to complete return has not yet</u>					
been received.					
					
8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any					
	•••	o, or 6069, enter the tentative tax, less any 8a \$ NONE			
		undable credits. See instructions 8a \$ 1 V V V			
	s application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and				
	timated tax payments made. Include any prior year overpayment allowed as a credit and any				100/10
	unt paid previously with Form 8868 8b \$ NONE				
	ance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS				ترا بر ا
(Ele	ctronic Federal Tax Payment System). See instru		BC NONE		NONE
	Signature and Verific	ation mu	st be completed for F	Part II only.	
Under pen	alties of perjury, I declare that I have examined and belief, it is true, correct, and complete, and that	this form, in	cluding accompanying sche	dules and statements, and to th	e best of my
	2/		- 100	-	12011-
Signature >	(4)		Title ▶ Corr		10014
				Form 8860	8 (Rev 1-2014)