

#### 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



### Form **990-PF**

#### **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. ► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

2014

Open to Public Inspection

		r tax year beginning	, 20	14, and ending		<u> </u>	
Name of fo		Poundation Inc			Α.	Employer Identification num	nber
Number a	CLE FAMILLY F	Foundation, Inc	reet address)	Room/suite	В	26-3861579 Telephone number (see instri	uctions)
201 1	N. Franklin	St.		2000		(813) 273-433	
City or tow	n, state or province, coun	itry, and ZIP or foreign postal co	de				
Tampa	<u> </u>		FL	33602	c	If exemption application is	pending, check here.
G Che	ck all that apply	Initial return	Initial return of a for	mer public charity	D	1 Foreign organizations, che	ck here ▶ 🗍
		Final return	Amended return			3 3	
		Address change	Name change		]	2 Foreign organizations mee here and attach computation	ting the 85% test, check
H Che	ck type of organiza		501(c)(3) exempt private f	oundation		nere and attach computation	<i>"</i> "
	Section 4947(a)(	1) nonexempt chantable	trust Other taxable	private foundation	E	If private foundation status	
I Fair	market value of all asse			Cash Accrual		under section 507(b)(1)(A)	, check here
	n Part II, column (c), line	, , , , , , , , , , , , , , , , , , ,	Other (specify)		F	If the foundation is in a 60-	
<b>\$</b>			rt I, column (d) must be or	cash basis )	<u> </u>	under section 507(b)(1)(B),	, check here
Part I			(a) Revenue and	(b) Net investmen	t	(c) Adjusted net	(d) Disbursements
	columns (b), (c),	he total of amounts in and (d) may not neces	expenses per books	income		income	for charitable purposes
	sarily equal the	amounts ın column (a)					(cash basis only)
	(see instructions	<del></del>					
		grants, etc. received (attach schedule)		•			
	2 Ck ►if the	e foundn is <b>not</b> required to attach Sch	3				
	3 Interest on savings a	and temporary cash investments					
	4 Dividends and intere	st from securities	39,304	. 39,30	)4.		
	5 a Gross rents		• • -				
	b Net rental income or (loss) · · ·	·					
Ŗ		m sale of assets not on line 10					
E	D Gross sales price assets on line 6a	orall					
È		ncome (from Part IV, line 2)		79,87	70.		
N U		apital gain				532.	
Ĕ	10 a Gross sales less	1	``	<del></del>			<del></del>
	returns and allowances	L L					
	<b>b</b> Less Cost of goods sold		1				
	_	(attach schedule)				-	
	11 Other income (at	tach schedule)					
	!						
	12 Total Add line	s 1 through 11	539,749	. 119,17	74.	532.	
	· '	f officers, directors, trustees, etc					
		e salanes and wages					
		mployee benefits					
A D M		h schedule).,	,-				
M				1,50	00.		
N	47 Internal	(attach sch)		+			
PSTR	17 Interest	ule)(see instrs) Foreign Tax	es. 493	4.6	93.		
	19 Depreciation (att		493	45	, <u>,</u>		<del>                                     </del>
<b>? ?</b>		on - /s,'-/, <u>e</u> - <sub>s</sub> e -	ه د.				
· K	1	<del></del>					
GÉ		ces, and meetings	•				
A E X D P	1	(attach schodule)	·				
E	23 Other expenses	(attach schedule) Advisory Fe	10 510	10 51	ı n		
N S	24 Total operating	and administrative	es 10,510	. 10,51			
Ě		ines 13 through 23 · · · ·	12,503	. 12,50	3.		
;	25 Contributions, gifts,	grants paid	188,746				
<u>}</u>		and disbursements.		1			
	<u> </u>	125	·· 201,249	. 12,50	)3.		
	27 Subtract line 26 t	from line 12 nue over expenses					
		ents · · · · · · · · ·	. 338,500				
	b Net investment	income (if negative, enter -0-).		106,67	71.		
	C Adjusted net Inc	come (if negative, enter -0-)				532.	L
BAA F	or Paperwork Red	luction Act Notice, see	instructions.	TEEA0301 12	/10/14		Form 990-PF (2014)

Dar	<b>FIL</b>	Balance Sheets  Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	year
T ai	·•••	Balance Sheets Attached schedules and amounts in the 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	150,196.	90,098.	90,098.
	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less allowance for doubtful accounts	1		
	4	Pledges receivable			<del></del>
		Less allowance for doubtful accounts			
	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 sch) . •			
Ą	Ì	Less allowance for doubtful accounts			
Š	8	Inventories for sale or use			
A S E T	9	Prepaid expenses and deferred charges		-	
Ś	10 a	a Investments – U S and state government			-
		obligations (attach schedule)			
		nivestments – corporate stock (attach schedule)			
	0	Investments — corporate bonds (attach schedule) . L = 10.c. Stmt	564,307.	593,501.	590,024.
	11	Investments — land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans	·	<u> </u>	
	13	Investments – other (attach schedule) L = 13. Stmt	1,210,344.	1,582,820.	1,816,081.
	14			_,,	
		Less accumulated depreciation (attach schedule)			
	15	Other assets (describe		<del></del>	
	16	Total assets (to be completed by all filers — see the instructions Also, see page 1, item I)	1,924,847.	2,266,419.	2,496,203.
Ŀ	17	Accounts payable and accrued expenses			· · · · · · · · · · · · · · · · · · ·
A	18	Grants payable	, <u>-</u>		
B	19	Deferred revenue			
-	20	Loans from officers, directors, trustees, & other disqualified persons			
Ī	21	Mortgages and other notes payable (attach schedule)			
Ţ	22	Other liabilities (describe			
Ė					
<u> </u>	23	Total liabilities (add lines 17 through 22)		<del></del>	
NF	24	and complete lines 24 through 26 and lines 30 and 31.  Unrestricted			
E U	25	Temporarily restricted			
T N D		Permanently restricted		<del></del>	
A _	-	Foundations that do not follow SFAS 117, check here . X		<del></del>	
SBSA		and complete lines 27 through 31.			
A B S A L T	27	Capital stock, trust principal, or current funds	1,924,847.	2,266,419.	
SÑ	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
O E	29	Retained earnings, accumulated income, endowment, or other funds		-	
R S	30	Total net assets or fund balances (see instructions)	1,924,847.	2,266,419.	
	31	Total liabilities and net assets/fund balances (see instructions)	1,924,847.	2,266,419.	
Par	t III	Analysis of Changes in Net Assets or Fund Balance			
		I net assets or fund balances at beginning of year – Part II, column (		th	
	end-d	of-year figure reported on prior year's return)			1,924,847.
2	Ente	r amount from Part I, line 27a		2	338,500.
3	Other	ıncreases not included in line 2 (itemize) ▶ Adjustments to	Book Value of A	Assets Sold 3	80,402.
4	Add I	lines 1, 2, and 3			2,343,749.
5	Decre	asses not included in line 2 (itemize) <u>See Other Decreases S</u>	tmt	5	77,330.
6	Total	I net assets or fund balances at end of year (line 4 minus line 5) — Pa	art II, column (b), line 30	6	2,266,419.

		Losses for Tax on Investme		_			
		the kind(s) of property sold (e.g., rea e, or common stock, 200 shares MLC		(b) How acq P — Purch D — Donat	ase (	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1 a	Capital Gain Distri	butions		P	o	1/01/13	12/31/14
b	2803.738 Pimco Tota	il Return Fund		D	1		10/02/14
<u>c</u>	3381.279 Eaton Vand	e Floating Rate		P	0	6/13/13_	11/14/14
d	377.318 FPA Crescer	it Fund			0	1/01/13	11/14/14
е	See Columns (a) thru (d)	<del>,</del>		,			
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basi plus expense of sale		(h) Gain or (loss) (e) plus (f) minus (g)		
a	,			0.			61,285.
b	30,557.		3(	0,025.			532.
c				7,790.			-790.
d				9,508.			3,492.
е	and animo fall mine his	<del> </del>		5,575.			15,351.
		ng gain in column (h) and owned by th			<b>40</b> 11	(I) Gains (Col	
	(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column ( over column (j), if any	"		n minus column (k i -0-) <b>or</b> Losses (fri	
a						-	61,285.
b	· · · · · · · · · · · · · · · · · · ·						532.
c							-790.
d							3,492.
e	See Columns (ı) thru (l	_	<u> </u>				15,351.
2	Capital gain net income or (net	capital loss) — If gain, also If (loss), ent	enter in Part I, line 7 er -0- in Part I, line 7	[	2		79,870.
3	Net short-term capital gain or (lo	oss) as defined in sections 1222(5) an	ıd (6)	ſ			
		3, column (c) (see instructions) If (los			3		532.
Par		r Section 4940(e) for Reduce		ent Inco	me		
) If sec	ction 4940(d)(2) applies, leave thi	foundations subject to the section 494 is part blank on 4942 tax on the distributable amou	• •	·		∏Yes	
If 'Ye	s,' the foundation does not qualif	v under section 4940(e). Do not comr	alote this part			100	[X]No
1	Enter the appropriate amount in	,	nete tilis hait			🗌 res	X No
		each column for each year, see the i	<del></del>	y entries			
	(a) Base period years Calendar year (or tax year beginning in)	· <u> </u>	<del></del>		(colun	(d) Distribution	ratio
	Base periód years Calendar year (or tax year	each column for each year, see the i	nstructions before making an (c) Net value of noncharitable-use asse		(colum	(d) Distribution	ratio
	Base peñód years Calendar year (or tax year beginning in)	each column for each year, see the i  (b)  Adjusted qualifying distributions	nstructions before making an (c) Net value of noncharitable-use asse	ets	(colum	(d) Distribution	ratio y column (c))
	Base pendd years Calendar year (or tax year beginning in) 2013	each column for each year, see the interpretation (b) Adjusted qualifying distributions	nstructions before making an (c) Net value of noncharitable-use asse	ets 5,384.	(colun	(d) Distribution	ratio by column (c))
	Base pendd years Calendar year (or tax year beginning in)  2013  2012	each column for each year, see the interpretation (b) Adjusted qualifying distributions  115,200. 130,550.	nstructions before making an (c) Net value of nonchantable-use asso 1,845	ets 5,384.	(colun	(d) Distribution	0.062426 0.096663
	Base pendd years Calendar year (or tax year beginning in)  2013  2012  2011	each column for each year, see the interpretation (b) Adjusted qualifying distributions  115,200. 130,550.	nstructions before making an  (c)  Net value of noncharitable-use asset  1,845  1,350	ets 5,384. 0,568.	(colun	(d) Distribution	0.062426 0.096663
	Base pendd years Calendar year (or tax year beginning in)  2013  2012  2011  2010  2009	each column for each year, see the result of the column for each year.	nstructions before making an  (c)  Net value of noncharitable-use assorting to the content of th	ets 5,384. 0,568. 0. 1,712. 2,162.	(colum	(d) Distribution	0.062426 0.096663 0.000000 0.185050 0.140409
	Base pend years Calendar year (or tax year beginning in)  2013 2012 2011 2010 2009  Total of line 1, column (d) Average distribution ratio for the	each column for each year, see the results (b) Adjusted qualifying distributions  115,200. 130,550. 0. 122,450. 67,700.	nstructions before making an  (c)  Net value of noncharitable-use asset 1,845  1,350  663  482	ets 5,384. 0,568. 0. 1,712. 2,162.		(d) Distribution	0.062426 0.096663 0.000000 0.185050 0.140409
	Base pend years Calendar year (or tax year beginning in)  2013 2012 2011 2010 2009  Total of line 1, column (d) Average distribution ratio for the number of years the foundation	each column for each year, see the interpretation (b) Adjusted qualifying distributions  115,200. 130,550. 0. 122,450. 67,700.	nstructions before making an (c) Net value of noncharitable-use asset 1,845 1,350 663 482	ets 5,384. 0,568. 0. 1,712. 2,162.	2	(d) Distribution nn (b) divided b	0.062426 0.096663 0.000000 0.185050 0.140409 0.484548
3	Base pend years Calendar year (or tax year beginning in)  2013  2012  2011  2010  2009  Total of line 1, column (d)  Average distribution ratio for the number of years the foundation  Enter the net value of nonchant	each column for each year, see the interpretation (b)  Adjusted qualifying distributions  115,200. 130,550. 0. 122,450. 67,700.  2-5-year base period — divide the total has been in existence if less than 5 years.	nstructions before making an (c) Net value of noncharitable-use asset 1,845 1,350 663 482 I on line 2 by 5, or by the ears	ets  5,384.  0,568.  0.  1,712.  2,162.	2 3	(d) Distribution nn (b) divided b	0.062426 0.096663 0.000000 0.185050 0.140409 0.484548
3	Base pend years Calendar year (or tax year beginning in)  2013  2012  2011  2010  2009  Total of line 1, column (d)  Average distribution ratio for the number of years the foundation  Enter the net value of nonchant  Multiply line 4 by line 3	ach column for each year, see the interpretation (b) Adjusted qualifying distributions  115,200. 130,550. 0. 122,450. 67,700.  25-year base period — divide the total has been in existence if less than 5 years able-use assets for 2014 from Part X,	nstructions before making an (c) Net value of noncharitable-use asset 1,845 1,350 662 482	ets  5,384.  0,568.  0.  1,712.  2,162.	2 3 4	(d) Distribution nn (b) divided b	0.062426 0.096663 0.000000 0.185050 0.140409 0.484548 0.096910 2,122,172.
3 4 5	Base pend years Calendar year (or tax year beginning in)  2013  2012  2011  2010  2009  Total of line 1, column (d)  Average distribution ratio for the number of years the foundation  Enter the net value of nonchant  Multiply line 4 by line 3  Enter 1% of net investment income	each column for each year, see the interpretation (b) Adjusted qualifying distributions  115,200. 130,550. 0. 122,450. 67,700.  25-year base period — divide the total has been in existence if less than 5 years.	nstructions before making an (c) Net value of noncharitable-use asset 1,845 1,350 661 482	ets  5,384. 0,568. 0. 1,712. 2,162.	2 3 4 5	(d) Distribution nn (b) divided b	0.062426 0.096663 0.000000 0.185050 0.140409 0.484548 0.096910
3 4 5 6	Base pendd years Calendar year (or tax year beginning in)  2013  2012  2011  2010  2009  Total of line 1, column (d)  Average distribution ratio for the number of years the foundation  Enter the net value of nonchant  Multiply line 4 by line 3  Enter 1% of net investment inco  Add lines 5 and 6  Enter qualifying distributions fro	ach column for each year, see the interpretation (b) Adjusted qualifying distributions  115,200. 130,550. 0. 122,450. 67,700.  25-year base period — divide the total has been in existence if less than 5 years able-use assets for 2014 from Part X, in the come (1% of Part I, line 27b)	nstructions before making an (c) Net value of noncharitable-use asset 1,845 1,350 663 482 I on line 2 by 5, or by the ears	ets  5,384.  0,568.  0.  1,712.  2,162.	2 3 4 5 6 7	(d) Distribution nn (b) divided b	0.062426 0.096663 0.000000 0.185050 0.140409 0.484548 0.096910 2,122,172. 205,660.

			61579		Р	age 4
Par		see in:	struction	s)		
1 a	Exempt operating foundations described in section 4940(d)(2), check here Land and enter 'N/A' on line 1					
	Date of ruling or determination letter (attach copy of letter if necessary – see instrs)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V,	• •	<u> </u>		2,1	.33.
	check here . Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		,			Ο.
3	Add lines 1 and 2		3		2 1	.33.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		1		2,1	0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		5		2 1	.33.
6	Credits/Payments	· ' -'	<del>-   -  </del>		2,1	
-	2014 estimated tax pmts and 2013 overpayment credited to 2014	ا م				
	Exempt foreign organizations — tax withheld at source 6 b	<del></del>				
		0.				
	Backup withholding erroneously withheld	$\stackrel{\circ}{-}$				
7	Total credits and payments Add lines 6a through 6d	╗ .	,		2 7	700.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here		3		2,1	00.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed					
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		-			67.
11	Enter the amount of line 10 to be Credited to 2015 estimated tax	_				007.
	t VII-A   Statements Regarding Activities	<u>· · · · · · · · · · · · · · · · · · · </u>	<u> </u>			
				. 1	Yes	No
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?			1 a		X
L,	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?			1ь		x
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials publis					
	or distributed by the foundation in connection with the activities			١.١		
	Did the foundation file Form 1120-POL for this year?			1 c	<u> </u>	X.
	(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 imposed on					
	foundation managers * \$					ŀ
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			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?			4 a		Х
t	olf 'Yes,' has it filed a tax return on Form 990-T for this year?			4 b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? $\dots \dots \dots$			5		Х
	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					i
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conf with the state law remain in the governing instrument?	lict		6	v	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV			F 7	<u> </u>	$\vdash$
	Enter the states to which the foundation reports or with which it is registered (see instructions)			⊢∸⊣	A	├
0 8					,	
	FL - Florida					
t	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			8 b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 49 for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If 'Yes,' complete F	942(j)(5) Part XIV	)	9		х

Form 990-PF (2014)

10

Form	1 <b>990-PF</b> (2014) Frankle Family Foundation, Inc. 26.	<u> 3861579                                    </u>	P	age 5
Par	rt 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)	<u>11</u>		х
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)	l 12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
14	Website address	(813) 273	-433	4
	Located at ► 201 N. Franklin St., Ste 2000 Tampa FL ZIP+4 ► 336	502		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here	<del></del>		П
	and enter the amount of tax-exempt interest received or accrued during the year	15		
16	At any time during calendar year 2014, 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	Yes	No X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22 1) If 'Yes,' enter the name of the foreign country			
Par	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
1 a	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	XNo		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	XNo	,	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes	X No		•
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes	XNo	i	
	(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)?	X No		
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days )	XNo		
t	o 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 instructions)?	1t		
	Organizations relying on a current notice regarding disaster assistance check here	• 🗍 📑		
c	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 2014?	10		х
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))			
a	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014?	XNo		
	If 'Yes,' list the years ► 20 , 20 , 20			
t	b Are there any years listed in 2a for which the foundation is <b>not</b> 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)	2 t	,	
c	c 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 , 20	ĺ	ļ	Ì
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business     enterprise at any time during the year?	X No		!
t	b If 'Yes,' did it have excess business holdings in 2014 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 if the foundation had excess business holdings in 2014)	31		
<b>4</b> a	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 8	3	х
. k	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 2014?	41		х
BAA		Form 9	90-PF (	2014)

Form 990-PF (2014) Frankle Family For		<del></del>	26-386	1579	Page 6	
Part VII-B   Statements Regarding Activit		1 4720 May Be Req	uired (continued)	<del></del>		
5 a During the year did the foundation pay or incur a		ation 4045(a))2	□vac 🖫	No I	- 1	
<ul><li>(1) Carry on propaganda, or otherwise attempt t</li><li>(2) Influence the outcome of any specific public</li></ul>			Tes X	No	ł	
on, directly or indirectly, any voter registration	n drive?			No	İ	
(3) Provide a grant to an individual for travel, stu	•		Yes X	No		
(4) Provide a grant to an organization other than in section 4945(d)(4)(A)? (see instructions).	• • • • • • • • • • • • • • • • • • • •		Yes X	No	ļ	
(5) Provide for any purpose other than religious educational purposes, or for the prevention of	, charitable, scientific, lite of cruelty to children or ar	rary, or nımals?	Yes X	No		
b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53 4945 or in a (see instructions)?	current notice regarding	disaster assistance		5 b		
Organizations relying on a current notice regardi	ng disaster assistance ch	neck here	🟲 🗌			
c If the answer is 'Yes' to question 5a(4), does the tax because it maintained expenditure responsib	ility for the grant?		· · · · · Yes	No		
If 'Yes,' attach the statement required by Regula	tions section 53 4945-5(d	1)			- 1	
6 a Did the foundation, during the year, receive any on a personal benefit contract?				]No		
<b>b</b> Did the foundation, during the year, pay premium	ns, directly or indirectly, o	n a personal benefit con	tract?	6 в	X	
If 'Yes' to 6b, file Form 8870 7 a At any time during the tax year, was the foundati	on a party to a prohibited	l tax shelter transaction?	□vos V	INO		
b If 'Yes,' did the foundation receive any proceeds						
Part VIII Information About Officers, D					 i,	
and Contractors			· · · · · · · · · · · · · · · · · · ·			
1 List all officers, directors, trustees, foundation				T		
(a) Name and address	(b) Title, and average hours per week devoted to position	(c)Compensation (If not paid, enter -0-)	(d)Contributions to employee benefit plans and deferred compensation	(e) Expense other alk	e account, llowances	
Mark A. Frankle						
	President					
Tampa FL 33602	1.00	0.	0.		0.	
Mary D. Frankle						
201 N. Franklin St., Ste 2000	VP 0.05	0.	0.		0.	
Tampa FL 33602 Nicholas A. Frankle	0.05		0.		<u> </u>	
201 N. Franklin St., Ste 2000	Director					
Tampa FL 33602	0.05	0.	) o.		0.	
Lauren Frankle						
201 N. Franklin St., Ste 2000	Director					
Tampa FL 33602	0.05	0.	0.		0.	
2 Compensation of five highest-paid employee (a) Name and address of each employee	(b) Title, and average	luded on line 1 - see in (c) Compensation	nstructions). If none, e	(e) Expense	account	
paid more than \$50,000	hours per week devoted to position	(e) compensation	employee benefit plans and deferred compensation		owances	
None						
		-		†		
		<del></del>		<del>                                     </del>		
					<del></del>	
Total number of other employees paid over \$50,000 .  BAA	TEEA0306 06		<u> </u>		None -PF (2014)	
were.	,				(~~)	

Par	1990-PF (2014) Frankle Family Foundation, Inc. 26-386  11 VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E and Contractors (continued)	
	Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'	<del></del>
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
Nor		(0) 00poou
	<del>-</del>	
Tota	I number of others receiving over \$50,000 for professional services	None
Par	t IX-A Summary of Direct Charitable Activities	
		-
List th organ	e foundation's four largest direct chantable activities during the tax year Include relevant statistical information such as the number of izations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1		
_		
2		
3		
4		
	AND CONTRACTOR DELACTION OF THE CONTRACTOR OF TH	
<u> </u>	t IX-B Summary of Program-Related Investments (see instructions)	
Pạr		
Des	cribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
_	cribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
Des	cribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
Desi	cribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
Des	cribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
Desi	cribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount

Form **990-PF** (2014)

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

4 Qualifying distributions, Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 . . . . .

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)

Adjusted qualifying distributions. Subtract line 5 from line 4.

BAA

Form 990-PF (2014)

188,746.

188,746.

0.

3 a

3 b

4

5

#### Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years pnor to 2013	<b>(c)</b> 2013	( <b>d)</b> 2014
Distributable amount for 2014 from Part XI, line 7	,			102 076
2 Undistributed income, if any, as of the end of 2014				103,976.
a Enter amount for 2013 only			89,586.	
<b>b</b> Total for prior years 20 , 20 , 20	-			
3 Excess distributions carryover, if any, to 2014				
<b>a</b> From 2009 67,700 .		1	1	
<b>b</b> From 2010			1	
<b>c</b> From 2011 0 .				
<b>d</b> From 2012 130,550 .	1			
e From 2013	1	!		
f Total of lines 3a through e	435,900.			
4 Qualifying distributions for 2014 from Part				
XII, line 4 \$ 188,746.				
a Applied to 2013, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required – see instructions)				
c Treated as distributions out of corpus (Election required – see instructions)				
d Applied to 2014 distributable amount				
e Remaining amount distributed out of corpus	188,746.			
5 Excess distributions carryover applied to 2014		•		
(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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	624,646.			
b Pnor years' undistributed income Subtract line 4b from line 2b		0.		
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		0.		
e Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount — see instructions			89,586.	
f Undistributed income for 2014 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2015				103,976.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required – see instructions)				200,010.
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions)	67,700.			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	556,946.			
10 Analysis of line 9				
<b>a</b> Excess from 2010122,450 .				
<b>b</b> Excess from 2011 0 .	]			
<b>c</b> Excess from 2012 130,550.	]			
<b>d</b> Excess from 2013 115,200.	]			
e Excess from 2014 188,746.				
BAA				Form 990-PF (2014)

Form	990-PF (2014) Frankle Family Fo	oundation, I	nc.		26-3861579	<del></del>
	Private Operating Foundat				<del></del>	N/A
1 a	If the foundation has received a ruling or dete is effective for 2014, enter the date of the ruli	ermination letter that ing	it is a private operat	ting foundation, and	the ruling ▶	
t	Check box to indicate whether the foundation	ı is a private operati	ng foundation descri	bed in section	4942(j)(3) or	4942(j)(5)
2 a	Enter the lesser of the adjusted net	Tax year		Pnor 3 years		
	income from Part I or the minimum investment return from Part X for each year listed	(a) 2014	<b>(b)</b> 2013	(c) 2012	(d) 2011	(e) Total
t	85% of line 2a					
•	Qualifying distributions from Part XII, line 4 for each year listed					
C	Amounts included in line 2c not used directly for active conduct of exempt activities					
•	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					
a	'Assets' alternative test — enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
t	'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
•	: 'Support' alternative test - enter					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
Pai	Supplementary Information assets at any time during th	(Complete this e year – see in	part only if the structions.)	foundation ha	d \$5,000 or more	in
1	Information Regarding Foundation Manag					
á	l List any managers of the foundation who have close of any tax year (but only if they have co	ve contributed more to ontributed more than	than 2% of the total of \$5,000) (See section	contributions receive on 507(d)(2))	ed by the foundation b	efore the
	Mark A. Frankle					
	Mary D. Frankle		<del></del>			<del></del>
ı	List any managers of the foundation who own a partnership or other entity) of which the fou			ion (or an equally la	rge portion of the own	ership of
	None					
2						
	Check here X if the foundation only marequests for funds if the foundation makes g complete items 2a, b, c, and d	ikes contributions to lifts, grants, etc (see	preselected chantationstructions) to indiv	ole organizations and iduals or organization	d does not accept uns ons under other condit	olicited ions,
	The name, address, and telephone number of	or e-mail address of	the person to whom	applications should	be addressed	
	•		•	,,		
ī	The form in which applications should be sub	omitted and informat	ion and materials the	ey should include		_
	: Any submission deadlines	<u> </u>				
	Any restrictions or limitations on awards, suc	h as by geographica	al areas, charitable fie	elds, kinds of institut	tions, or other factors	

3 Grants and Contributions Pa		If recipient is an individual,	T		
Recipient		show any relationship to any foundation manager or	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or	business)	substantial contributor			<del></del>
a Paid during the year	Manah				
US Holocaust Memorial 55 5th Street South				Community	
St. Petersburg FORE	FL 337	01	Qual	Needs	5,000.
13020 N. Telecom Pkwy Tampa Riverwalk Foundation 401 E.Jackson St	FL 336	37	Qual	Medical	96,000.
Tampa Tampa Musuem of Art 120 W. Gasparilla Pla	FL 336 za	02	Qual	Memorial	20,000.
Tampa World Wildlife Fund 1250 24th St. NW	FL 336	02	Qual	Art	7,500.
Washington Sinai Temple	DC 200	37	Qual	Fund Raising	150.
10400 Wilshire Blvd Los Angeles Congregation Scharai 3303 W. Swann Ave	CA 900 Zedek	24	Qual	Religious Donation Fund Raising	1,000.
Tampa Tampa General Hospital PO Box 1289	FL 336 Foundati		Qual	Donation	1,596.
Tampa CSES	FL 336	01	Qual	Donation	500.
5404 Springlawn Avenu. Roanoke See Line 3a statement	e VA 240	18	Qual	Donation	5,000.
					52,000.
Total					188,746
<b>b</b> Approved for future payment					·

#### Part XVI-A Analysis of Income-Producing Activities

Enter gros	s amounts unless otherwise indicated	Unrelate	ed business income	Exclude	d by section 512, 513, or 514	(e)
1 Prog	ram service revenue	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	Related or exempt function income (See instructions)
a						
b						
c						
d						
e						
f					<u> </u>	
g Fees	and contracts from government agencies					
2 Mem	bership dues and assessments					
	st on savings and temporary cash investments					
	lends and interest from securities			3		
	rental income or (loss) from real estate					
	-financed property					
	debt-financed property					
	ental income or (loss) from personal property			ļ		<u> </u>
	er investment income			ļ		
	or (loss) from sales of assets other than inventory			3		
	ncome or (loss) from special events			<b> </b>		
	s profit or (loss) from sales of inventory			<u> </u>	( · · · · · · · · · · · · · · · · · · ·	
	rrevenue					
	oital Gain Distributions	<del></del> -		3	61,285.	
				<del> </del>		
<u> </u>				<del>                                     </del>		
d				<del>                                     </del>		···.
e	otal Add columns (b), (d), and (e)				61,285.	<del></del>
13 Tota	il. Add line 12, columns (b), (d), and (e)			<u> </u>	01,205.	61,285.
	sheet in line 13 instructions to venfy calculations					61,265.
-					<u>-</u>	
Part XV	I-B Relationship of Activities to the	Accomp	lishment of Exemp	ot Purp	oses	
Line No.	Explain below how each activity for which inco	me is report	ed in column (e) of Part	XVI-A co	ontributed importantly to	he
▼	accomplishment of the foundation's exempt po	urposes (oth	er than by providing fund	s for suc	ch purposes) (See instru	ctions)
		-				
					·	
						· .
						<del></del>
						···
					<del></del>	
				-		·
			<del></del>			
	<u> </u>			_	·	
		<del></del>				
	<u> </u>	<del></del>	· · · · · · · · · · · · · · · · · · ·		-	
BAA	<del></del>	TEEA	0502 06/17/14			Form <b>990-PF</b> (2014)

# Form 990-PF (2014) Frankle Family Foundation, Inc. 26-3861579 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

de rel a Tr (1) (2) b Ot	) Other assets ther transaction	tion 501(c) of al organization ne reporting for the control of the control of the control of the control of the control	f the Code (ons?  foundation to	other than se	ction 501(c able exemp	)(3) ŏrganızat t organizatior 	ions) or i	n section 527,		1 a (1) 1 a (2) 1 b (1) 1 b (2)	Yes	X X X
(3) (4) (5) (6) c Sh	) Rental of face ) Reimbursem ) Loans or loa ) Performance manng of facility the answer to a e goods, other	cilities, equiprinent arrangeninguarantees e of services es, equipmer any of the aboassets, or se	ment, or oth ments s or members nt, mailing li ove is 'Yes,'	er assets ship or fundra sts, other ass complete the	using solicitiesets, or paid	ations  I employees.  schedule Colution If the for		should always sl	now the fair market value vices received	1 b (3) 1 b (4) 1 b (5) 1 b (6) 1 c		X X X X
(a) Line	<del></del>	ount involved	<del>,                                    </del>	me of noncharit	<del></del>	<u> </u>			sfers, transactions, and s	sharing arran	gements	<u>s</u>
			ļ. <u></u>						A			
			ļ				ļ					
			ļ									
							ļ			· · · · · · · · · · · · · · · · · · ·		
			<u> </u>									
			ļ						<del></del>			
			ļ				ļ					
									····			
			ļ									
							l					
de	escribed in sec 'Yes,' complete	tion 501(c) of the following	f the Code ( g schedule	other than se	ction 501(c	)(3)) or in sec	ax-exem tion 527	<del>,</del>	<del></del>		x	No
	(a) Name	of organizatio	on		(b) Type of	organization		(c	) Description of relat	ionship		
					<u> </u>			_				
								<del> </del>				
		·										
		<del></del>	/_	<del></del>				İ				
Sign	Correct, and compl	ete Declaration of	of that I have exa of preparer (other	er than taxpayer)	, including acco is based on all	impanying schedu information of whi	les and star ch preparer	lements, and to the be has any knowledge	est of my knowledge and be	May the I		
Here		$V \mid \mathcal{N}_{3}$				11-15-11.	> <b>•</b> 1	resident		preparer (see instr	shown b	elow
	Signature of affic	er or trustee	V		Dat	е		tle		_   ,556	Yes	No
	PrintTy	preparer's nam	ne	<u> </u>	reparer s supla	ture		Date	Check X if	PTIN		
Paid	Jame	s Brenna	an	$\mathcal{A}$	LH)			11/13/15	self-employed	P01210	0068	
			JIM BRE	NNAN, CP.		<del>-</del>		144/44/43	Firm's EIN ▶	140444	,,,,,,	
Prepar	I	_	O BOX (		Δ							
Use O	'nıy   '''''s a'	· · · · · · · · · · · · · · · · · · ·		0000	<del></del>		ZT 2.2	E00 6011	Phone no			
BAA		<u>_</u>	BRANDON				FL 33	<u>508-6011</u>	F Hotte Ho	Form 99	0-PF /	2014\
											ソーアトしょ	2U 141

#### Schedule B

(Form 990, 999-EZ, or 990-PF)

**Schedule of Contributors** 

OMB No 1545-0047

2014

Department of the Treasury Internal Revenue Service

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

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

Name of the organization Employer identification number Frankle Family Foundation, Inc. 26-3861579 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 foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt chantable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule To an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, chantable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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, chantable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer 'No' on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

	<b>B</b> (Form 990, 990-EZ, or 990-PF) (2014)	Page	1 of 1 of Part
Name of org	•		r Identification number
	e Family Foundation, Inc.		361579
Rant	Contributors (see instructions). Use duplicate copies of Part I if additional space	is needed	· · · · · · · · · · · · · · · · · · ·
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Mark A. Frankle MD		Person
	915 Mooring Circle	\$ <u>500,445.</u>	Noncash X
	Tampa FL_33602		(Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$_ <b>_</b>	Person Payroll Noncash Complete Part II for noncash contributions )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	·	\$	Person Payroll Noncash Complete Part II for
D4.6		Cabadala B (E)	noncash contributions )
BAA	TEFA0702 07/17/14	achequie B (Form 99)	, 330-E/ OF 990-PF1(2014)

1 of Part 1

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2014) Name of organization

Page

1 to

of Part II

Name of organization

Frankle Family Foundation, Inc.

26-3861579

Employer identification number

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed (a) No. from (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received Part I Yacktman Fund 1\_\_\_ 12/23/14 56,235. (a) No. from Part I (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received Artisan Intnernational Fund 1\_\_\_ 135,583. 12/23/14 (a) No. from (b)
Description of noncash property given (c) FMV (or estimate) (d) Date received (see instructions) Part I Fidelity Intermediate Muni Income 1 12/23/14 69,035. (b)
Description of noncash property given (d) Date received (a) No. from Part I (c) FMV (or estimate) (see instructions) 5165.289 Royce Premier Fund 1\_\_\_. 102,169. 12/23/14 (d) Date received (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (a) No. from Part I Vanguard Total Stock 1\_\_\_ 137,423 12/23/14 (b)
Description of noncash property given (d) Date received (a) No from (c) FMV (or estimate) (see instructions) Part I BAA Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Form	990-PF,	Page 2,	Part III.	, Line 5
04L -	_	•		

Other I	Decreases	Stmt
---------	-----------	------

Difference in FMV of Contributions and Book Value	22,330.
Timing Differences	55,000.

Total

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income Columns (a) thru (d)

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shares MLC Company)	(b) How acquired P — Purchase D — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
15903.169 Pimco Total Return	D	01/01/13	10/02/14
3543.906 Thornburg Intn'l Value	D	01/01/13	05/07/14

77,330.

## Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income Columns (e) thru (h)

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
323.	(Or allowable)	175,541.	-2,218.
,603.		90,034.	17,569.
Total		265,575.	15,351.

## Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income Columns (i) thru (I)

Complete only for assets by the foundation on 12/	(I) Gains (column (h)		
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), ıf any	gain minus column (k), but not less than -0-) <b>or</b> losses (from column (h))
			-2,218. 17,569.

Total

15,351.

Form 990-PF, Page 11, Part XV, line 3a Line 3a statement

Recipient	If recipient is	Foun-	Purpose of	Person or
Name and address (home or business)	an individual, show any relationship to any foundation manager or substantial contributor	dation status of re- cipient	grant or contribution	Business Checkbox ————————————————————————————————————
a Paid during the year Beat Cancer with a Paddle Hyde Park Tampa FL 33606 Tri City Hospital Foundation 4002 Vista Way		Qual	Healthcare	Person or Business X  1,500.  Person or Business X
Oceanside CA 92056		Qual	Healthcare	500.
American Foundation for Suicide Prevention 120 Wall St New York NY 10005		 Qual	 Healthcare	Person or Business X
National Tourette Syndrome Fdn 42-40 Bell Boulevard				Person or Business X
Bayside NY 11361		QUAL	Healthcare	10,000.

Total

52,000.

Form 990-PF, Page 2, Part II, Line 10c L- 10c Stmt

	End of Year		
Line 10c - Investments - Corporate Bonds:	Book Value	Fair Market Value	
Through Schwab 9564	593,501.	590,024.	
Total	593,501.	590,024.	

Form 990-PF, Page 2, Part II, Line 13 L-13 Stmt

	End of Year	
Line 13 - Investments - Other:	Book Value	Fair Market Value
Equity Funds Through Schwab 9564	1,582,820.	1,816,081.

Total

<u>1,582,820.</u> <u>1,816,081.</u>