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Form **990-PF**

EXTENDED TO AUGUST 17, 201 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.

*	Depart	ment	t of the Treasury venue Service				social security numbers or m 990-PF and its separate		-	-	990pf	Open to Public Inspection	on
		_	dar year 2014 o					, and e					_
			foundation							A Employe	er identification	number	_
	m	117	מעגום	DAMTI	V CUAI	י זמ גשדם	E FOUNDATION			25	2128225		
									Room/suite				—
	Number and street (or PO box number if mail is not delivered to street at 356 SEABREEZE DRIVE						add 635)		Tioon v suito	B Telephor		7372	
			own, state or pr		ıntry, and Zl				<u> </u>	 	on application is pe	·	丁
	MARCO ISLAND, FL 34145-1827 G Check all that apply: Initial return											. =	_
							Initial return of a	former public	charity	D 1 Foreign organizations, check here			
		Final return Address change				Amended return Name change			2 Foreigi	n organizations me here and attach co	eting the 85% test,	7	
	H C	1 Check type of organization; X Section 501(c)(3) ex								E If private foundation status was terminated		_	
			ction 4947(a)(1					Other taxable private foundation			ction 507(b)(1)	(A), check here 🕨	
			rket value of all		end of year	J Account	- -					60-month termination	_
	(fro		Part II, col. (c),	line 16) 2 . 616	.410.		ther (specify) mn (d) must be on cash	hasis)		under se	ection 507(b)(1)	(B), check here	_
		Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not				(a) Revenue and (b) Net investment		(c) An	ljusted net	(d) Disbursements			
_ _			" (The total of amo necessarily equa	unts in colur I the amount	mns (b), (c), and ts in column (a)	ı (d) may not)	expenses per books		ome		icome	for charitable purposes (cash basis only)	
		1	Contributions,	gıfts, grant	ts, etc., recei	ved	305,569.		Million III	N. N	/*A///////////////////////////////////	15 J.	
		2	Check Interest on saving		n is not required to	attach Sch B			<u> </u>			lo dia amangi saman Samis 15 Euroma Saman Saman Sa	
		3	cash investments	•	•		19. 39,132.	-	19. 9,132.			STATEMENT	1 <u>////</u>
		4	Dividends and Gross rents	interest tro	om securities	;	39,132.	3	9,134.			STATEMENT	4:1
		b	Net rental income	or (loss)							va: 4 & 4 × 4 × 4 × 4		
		_	Net gain or (loss) i	-	assets not on li	ne 10	188,568.					al a	
	Revenue	b	Gross sales price assets on line 6a	for all	293	,822.		2//3/3	· « « » • • • • • • • • • • • • • • • • •				
	eve	7	Capital gain net in	come (from I	Part IV, line 2)		2.5	***	8,568.				
	۳	8	Net short-term	capital gai	ın		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	19 3			DECE	VED 3 181	
		9	Income modific Gross sales less r		ı			25		2.216. 0	REUL		
123		10a	and allowances Less Cost of goo	do 1 d						1100		D SALE SHIP I STATE OF	(C 53)
Ş		C					Mar a Managas As Arrive is a Managama			हि	30E**		\$
		11	Other income	(/				3,000				PARAMETER SERVICE	
SCANNED		12	Total Add line	s 1 throug	h 11		533,288.	22			004	National Annie Control of the Annie	
G		13	Compensation of			, etc	0.		0.			C	<u>.</u>
<u>_</u>		14	Other employe		•			1					
Ę	S		Pension plans, Legal fees	employee		гмт 3	416.	+	208.			208	-
⊗	Expenses		Accounting fee	9		CMT 4	2,195.		1,098.	 		1,097	
2	xpe		Other profession			rmt 5	150.		150.		-		<u>.</u>
2015	- 1	17	Interest										_
©	Administrative	18	Taxes		S	PMT 6	9,053.		53.) .
	nist	19	Depreciation ar	nd depletio	n							South State	
	Ē	20	Occupancy					+		 			—
		21 22	Travel, confere Printing and pu		-					-			—
	a	23	Other expenses										_
	ij		Total operating		inistrative								_
	Operating		expenses. Add	-			11,814.		1,509.	<u> </u>		1,305	
	0	25	Contributions,	-			116,700.	3,4	1 1 11			116,700	<u>).</u>
		26	Total expenses		ursements		100 514		1 500			110 00	=
	\dashv	27	Add lines 24 ar		12:		128,514.		1,509.	7 / /		118,005)。 《数个
]	27 a	Subtract line 2			semente	404,774.	1 7 7 7	, , , , , , , , , , , , , , , , , , , 	(4) .	, , ,		***
	ļ		Net investmen	-			* * * * * * * * * * * * * * * * * * * *		6,210.	1			<u> </u>
			Adjusted net in				11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	·		N	/A		3.5

118,005.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

See the Part VI instructions.

8 Enter qualifying distributions from Part XII, line 4

	990-PF (2014) THE BLAKE FAMILY CHARITABLE FOUNDATION 35-2128		Page 4
Par	t;VIII Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in	structi	ons)
1a	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 here and enter 1%	4	,524.
1	of Part I, line 27b		
	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-)		0.
3	Add lines 1 and 2	4	,524.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	4	,524.
6	Credits/Payments:		
a	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 3,018.		
	Exempt foreign organizations - tax withheld at source		
	Tax paid with application for extension of time to file (Form 8868)		
	Backup withholding erroneously withheld		
	Total credits and payments. Add lines 6a through 6d	3	,018.
	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached 8		22.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	1	,528.
	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 2015 estimated tax		
	tVII-A Statements Regarding Activities		Zaal Nia
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	* * Y	es No
	any political campaign?	1a	X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	1b	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or		
	distributed by the foundation in connection with the activities		W W
	Did the foundation file Form 1120-POL for this year?	1c	A
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ► \$ 0 • (2) On foundation managers. ► \$ 0 •		
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$ 0 . Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	-	\$
	managers. > \$ 0.		
	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	Y
	If "Yes," attach a detailed description of the activities Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	1777	
	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? N/A	4b	
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	Х
	If "Yes," attach the statement required by General Instruction T		143: 1440 (
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		
	By language in the governing instrument, or		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law		
	remain in the governing instrument?	6	X
	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X
	(2), 4	40 E	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)		
	DE,FL		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		
	of each state as required by General Instruction G? If "No," attach explanation	8b	X
	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 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV	9	X
	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	X

	990-PF (2014) THE BLAKE FAMILY CHARITABLE FOUNDATION ort VII-A Statements Regarding Activities (continued)	35-21282	25 Page 5
	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)	L	11 X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory part of the foundation of a disqualified person had advisory part of the foundation	privileges?	
	If "Yes," attach statement (see instructions)	L	12 X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	L	13 X
	Website address ► N/A	. (020) 6	40 5250
14		(239) 6	
4.	Located at > 356 SEABREEZE DRIVE, MARCO ISLAND, FL	ZIP+4 ▶ 341	45
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year	- 	N/A
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,	- 10	Yes No
10	securities, or other financial account in a foreign country?	1	16 X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name	<u> </u>	: # 1
	foreign country	0	
Ŗε	Int VII-B Statements Regarding Activities for Which Form 4720 May Be Required	- 44	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes No
18	During the year did the foundation (either directly or indirectly):	Yes X No	1 2 6 1 6 6
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	res 🕰 No	
		Yes X No	
	· · · ·	Yes X No	
		Yes X No	4 4 4 40
	(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)?	Yes 🗓 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		
	<u> </u>	Yes 🗶 No	
L	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)?	N/A	1b
	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?		1c X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	/ T	
	defined in section 4942(j)(3) or 4942(j)(5)):		* 1
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) beginni		
	before 2014?	Yes X No	
	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	ct	
•	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attack	182	
	statement - see instructions.)	37/3 F	2b
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		
	>		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		
	- · ·	Yes X No	3 3 4
t	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons a	20	
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule		
	·		3b
4:	Form 4720, to determine if the foundation had excess business holdings in 2014.) Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<u> </u>	4a X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpos		1 : 1 3
	had not been removed from jeopardy before the first day of the tax year beginning in 2014?		4b X
		Form	990-PF (2014)

Part VIII Information About Officers, Directors, Truste Paid Employees, and Contractors (continued)	es, Foundation Managers, Highly	
3 Five highest-paid independent contractors for professional services.	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 X.A. Summary of Direct Charitable Activities		▶ 0
		1
List the foundation's four largest direct charitable activities during the tax year. Incluin number of organizations and other beneficiaries served, conferences convened, research.	de relevant statistical information such as the arch papers produced, etc.	Expenses
1 N/A		
		0.
2		
4		
Part XB Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during	a the tay year on lines 1 and 2	Amount
NONE	g the tax year on mes 1 and 2.	Amount
		0.
2		
All other program-related investments. See instructions. 3 NONE		
Total. Add lines 1 through 3		0.
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ı ayc u

ada	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
·	Average monthly fair market value of securities	1a	2,292,457.
b	Average of monthly cash balances	1b	2,292,457. 30,787.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	2,323,244.
e	Reduction claimed for blockage or other factors reported on lines 1a and		·
-	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,323,244.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	34,849.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,288,395.
6	Minimum investment return Enter 5% of line 5	6	114,420.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are	nd certain	
	foreign organizations check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	114,420.
2a	Tax on investment income for 2014 from Part VI, line 5		
þ	Income tax for 2014. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	4,524.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	109,896.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	109,896.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	109,896.
B	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	7 113	
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	118,005.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	Xiè	
a	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	118,005.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	118,005.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies for	the section
	4940(e) reduction of tax in those years.		

Page 9 Undistributed Income (see instructions) Part XIII (a) (b) (c) (d) Years prior to 2013 2013 2014 Corpus 1 Distributable amount for 2014 from Part XI, 109,896 line 7 2 Undistributed income, if any, as of the end of 2014 0. a Enter amount for 2013 only b Total for prior years: 3 Excess distributions carryover, if any, to 2014: 90,214 a From 2009 71,740 **b** From 2010 44,570 c From 2011 40,997. d From 2012 65,082 e From 2013 603 f Total of lines 3a through e 4 Qualifying distributions for 2014 from 118,005 Part XII, line 4: ► \$_ a Applied to 2013, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) 109,896 d Applied to 2014 distributable amount 8.109 e Remaining amount distributed out of corpus 0 O 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: 320 .712 a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract 0 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 0 assessed d Subtract line 6c from line 6b. Taxable 0. amount - see instructions e Undistributed income for 2013. Subtract line 0 4a from line 2a. Taxable amount - see instr. f Undistributed income for 2014. Subtract lines 4d and 5 from line 1. This amount must 0. be distributed in 2015 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election 0. may be required - see instructions) 8 Excess distributions carryover from 2009 90,214 not applied on line 5 or line 7 Excess distributions carryover to 2015. 230,498. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: 71,740 a Excess from 2010 44,570 b Excess from 2011 40,997 c Excess from 2012 65,082 d Excess from 2013

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Excess from 2014

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8,109

	KE FAMILY C				.28225 Page 10
Part XIV Private Operating For			I-A, question 9)	<u> N/A</u>	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo		=	▶ ∟		
b Check box to indicate whether the found		ig foundation described		4942(J)(3) or4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	/b) 2012	Prior 3 years	(4) 2011	(a) Tatal
income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
investment return from Part X for					
each year listed					<u> </u>
b 85% of line 2a					
c Qualifying distributions from Part XII,					1
line 4 for each year listed				<u></u>	
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities				<u> </u>	
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c 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)					
b "Endowment" alternative test - enter 2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section		ľ			
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			<u> </u>		
(4) Gross investment income					
Part XV Supplementary Info			if the foundation	had \$5,000 or mo	re in assets
at any time during t	ne year-see instr	uctions.)			
1 Information Regarding Foundation	•				
a List any managers of the foundation wh year (but only if they have contributed in			ributions received by the	foundation before the clos	se of any tax
. ,	nore than φο,000). (See S	ection 507(u)(2).)			
SEE STATEMENT 11	400/ (4)		/		
b List any managers of the foundation wh other entity) of which the foundation ha			(or an equally large portion	on of the ownership of a p	arthership or
NONE		••			
2 Information Regarding Contributi	on Grant Gift Loan	Scholarship etc. Di	ograms:		
. — .		• • •	•	ot accept unsolicited requ	jests for funds. If
the foundation makes gifts, grants, etc.	•	•	•	· · · · · · · · · · · · · · · · · · ·	
a The name, address, and telephone num	ber or e-mail address of t	he person to whom appl	ications should be addres	sed:	
NORMAN P. AND KAREN)M
356 SEABREEZE DRIVE,	MARCO ISLA	ND, FL 3414	5-1827		
b The form in which applications should t				EODWIN DEOL	
MAIL WRITTEN REQUEST c Any submission deadlines:	5 TO THE FO	NDATTON.	NO SPECIFIC	FORMAT REQU	TKED.
NONE					
d Any restrictions or limitations on award			, kınds of ınstitutions, or	other factors:	
NO RESTRICTIONS OR L	IMITATIONS (ON AWARDS			

Total

Part XVI-A	Analysis	of Income	-Producing	Activities
CHI L'AND INCOME	Allalysis	or meetine	-i roducing	ACTIVITIES

Enter gross amounts unless otherwise indicated.	Unrelate	d business income		ded by section 512, 513, or 514	(e)
	(a)	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business code	Amount	sion code	Amount	function income
a					
b					-
c			1		
d					
e					
1					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	19.	
4 Dividends and interest from securities			14		
5 Net rental income or (loss) from real estate:		3.5%			
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory		•	18	188,568.	
9 Net income or (loss) from special events			Ì		
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
C					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		227,719.	0.
13 Total Add line 12, columns (b), (d), and (e)				13	227,719.
(See worksheet in line 13 instructions to verify calculations.)					

Part XVI-B	Relationship of Activitie	es to the Accomplishment of	f Exempt Purposes
------------	---------------------------	-----------------------------	-------------------

Line No ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplis the foundation's exempt purposes (other than by providing funds for such purposes).	hment of
	N/A	
		· · · · · · · · · · · · · · · · · · ·
-		
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1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of

Yes No

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

the (Code (d	other than section 501(c)((3) organizations) or	in section 527	7, relating to political organi	izations?			
a Tran	isfers f	rom the reporting founda	tion to a noncharitab	le exempt org	anization of:				
٠,	Cash							1a(1)	<u>X</u>
(2)	Other	assets						1a(2)	X
b Othe	er trans	sactions:							
(1)	Sales	of assets to a noncharitab	ole exempt organizati	on				1b(1)	X
		ases of assets from a non		ganization				1b(2)	X
(3)	Rental	of facilities, equipment, o	or other assets					1b(3)	X
(4)	Reimb	oursement arrangements						1b(4)	X
(5)	Loans	or loan guarantees						1b(5)	X
(6)	Perfor	mance of services or mer	mbership or fundrais	ing solicitation	าร			1b(6)	Х
		facilities, equipment, mai	-					1c	X
		-		_	dule. Column (b) should alv				
					d less than fair market valu	e in any transaction	or sharing arrangem	ent, show in	
		the value of the goods, o				- 			
a) Line no	1	(b) Amount involved	(c) Name of		exempt organization	(d) Description	of transfers, transactions	s, and sharing arrangeme	ents
	<u> </u>			N/A					
	<u> </u>								
	Щ.								
	<u> </u>								
							<u>.</u>		
							_		
	<u>.</u>						<u> </u>		
					-				
2a Isth	ne foun	dation directly or indirect	ly affiliated with, or r	elated to, one	or more tax-exempt organi	zations described			
		501(c) of the Code (other	-					Yes 2	【 No
		mplete the following sche		. ,,					_
		(a) Name of org			(b) Type of organization		(c) Description of rel	ationship	
		N/A							
			D						
		penalties of perjury, I declare			accompanying schedules and st			May the IRS discuss	this
Sign	and be	lief, itus true, correct, and	plee Declaration of prep	oarer (other than	taxpayer) is based on all informa	tion of which preparer ha	as any knowledge	return with the prepa shown below (see in	rer i
Here		Mand .			17/5/12	PRESI	ENT	X Yes	□ No
	Sign	ature of officer or trustee			Date	Title			
		Print/Type preparer's na		Preparer's si		Date	Check If	PTIN	
		· · · · · · · · · · · · · · · · · · ·			=		self- employed		
Paid		J. KEVIN K	ING	J. KEV	IN KING	07/01/15	.	P00478828	3
Prepa	rer	Firm's name ► SBK				12., 22, 23	Firm's FIN ► 36	5-4549119	
Use C				_,	•				
	•	Firm's address ► 87	20 STONY	POINT 1	PARKWAY #250			 .	
			CHMOND, V				Phone no 804	1-237-1700)
					=		1	Form 990-PF	

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No 1545-0047

2014

Name of the organization

Employer identification number

T	HE BLAKE FAMILY CHARITABLE FOUNDATION	35-2128225
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	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note. Only a section 501(c General Rule X For an organization	is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Form 100 organization can check boxes for both the General Rule and a Special Form 100 organization can check boxes for both the General Rule and a Special Form 100 organization can check boxes for both the General Rule and a Special Form 100 organization can check boxes for both the General Rule and a Special Rule.	ing \$5,000 or more (in money or
Special Rules		
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16 tor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount of the second second in the second se	a, or 16b, and that received from
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from the section of the	
year, contribution is checked, enter purpose Do not o	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sexclusively for religious, charitable, etc., purposes, but no such contributions totaled there the total contributions that were received during the year for an exclusively religion complete any of the parts unless the General Rule applies to this organization becausely, etc., contributions totaling \$5,000 or more during the year	l more than \$1,000 If this box ous, charitable, etc ,
but it must answer "No" o	that is not covered by the General Rule and/or the Special Rules does not file Schedul on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its et the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

THE BLAKE FAMILY CHARITABLE FOUNDATION

35-2128225

Part 🛚	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NORMAN AND KAREN BLAKE 356 SEABREEZE DRIVE MARCO ISLAND, FL 34145-1827	\$ 305,569.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Occash (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 Oncash Complete Part II for noncash contributions)

Name of organization

Employer identification number

THE BLAKE FAMILY CHARITABLE FOUNDATION

35-2128225

art II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	2,870 SHS VANGUARD TOTAL STK MKT ETF		
1		\$\$	12/18/14
(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
-			
- 1			l <u></u>

ame of organ	ization ,		Em	ployer identification number
HE BLA	KE FAMILY CHARITABLE F Exclusively religious, charitable, etc., contr	OUNDATION	n section 501(c)(7) (8) or (10)	35-2128225
	the year from any one contributor. Complete of completing Part III, enter the total of exclusively religious.	columns (a) through (e) and the follow	VING line entry. For organizations	
	Use duplicate copies of Part III if additiona	al space is needed	(chick this into those)	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descript	ion of how gift is held
		(e) Transfer of gif		
-	Transferee's name, address, ar	IG ZIP + 4	Relationship of transfe	eror to transferee
n) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Descript	ion of how gift is held
-	Transferee's name, address, ar	(e) Transfer of gif	Relationship of transfe	eror to transferee
) No. rom	(b) Purpose of gift	(c) Use of gift	(d) Descript	ion of how gift is held
-		(e) Transfer of gif		
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transfe	eror to transferee
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Descript	ion of how gift is held
— <u>-</u>		(e) Transfer of gif		
 -	Transferee's name, address, ar	nd ZIP + 4	Relationship of transfe	eror to transferee
-				

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or Foundation show any relationship to Amount status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient AMERICAN CENTER FOR LAW AND JUSTICE NONE OPERATING PURPOSES Þс P.O. BOX 90555 WASHINGTON, DC 20090 7,000. ARMY WAR COLLEGE FOUNDATION NONE OPERATING PURPOSES 122 FORBES AVE CARLISLE, PA 17013 2,500. BIBLE LEAGUE NONE ÞС OPERATING PURPOSES P.O. BOX 28000 CHICAGO, IL 60628 300. CAL FARLEY'S OPERATING PURPOSES NONE ÞС P.O. BOX 1890 AMARILLO, TX 79174 45. CAMP ALANDALE NONE OPERATING PURPOSES P.O. BOX 35 IDYLLWILD, CA 92549 100. CATHOLIC RELIEF SERVICES NONE PC OPERATING PURPOSES 228 W. LEXINGTON ST. BALTIMORE, MD 21201-3443 500. CHRISTIAN APPALACHIAN PROJECT **DPERATING PURPOSES** NONE ÞС P.O. BOX 55911 LEXINGTON, KY 40555-5911 2,000. COALITION TO SALUTE AMERICA'S HEROES NONE ÞС OPERATING PURPOSES FOUNDATION 552 FORT EVANS ROAD, SUITE 300 LEESBURG, VA 20176 2,000. COMMUNITY BIBLE STUDY NONE ÞС DPERATING PURPOSES 790 STOUT ROAD COLORADO SPRINGS, CO 80921 1,000. CONGRESSIONAL PRAYER CAUCUS NONE РC OPERATING PURPOSES **FOUNDATION** PO BOX 15095 CHESAPEAKE, VA 23328-5095 100. 105,550. Total from continuation sheets

Part/XV/ Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient DPERATING PURPOSES NONE DIOCESE OF LAFAYETTE-IN-INDIANA ÞС 610 LINGLE AVE. 500. LAFAYETTE, IN 47901 ENCOMPASS WORLD PARTNERS Þс DPERATING PURPOSES NONE PO BOX 620067 500. ATLANTA, GA 30362 FAMILY RESEARCH COUNCIL NONE ÞС OPERATING PURPOSES 11311 JAMES STREET 300. HOLLAND, MI 49424 FEED THE CHILDREN NONE ÞС DPERATING PURPOSES P.O. BOX 36 OKLAHOMA CITY, OK 73101 300. FOCUS ON THE FAMILY NONE ÞС OPERATING PURPOSES 8605 EXPLORER DRIVE 1,000. COLORADO SPRINGS, CO 80920 GODS WORD TO THE NATIONS MISSION NONE ÞС **DPERATING PURPOSES** SOCIETY 1747 PENNSYLVANIA AVE NW WASHINGTON, DC 20006 25. HELP HOSPITALIZED VETERANS NONE ÞС OPERATING PURPOSES 36585 PENFIELD LANE WINCHESTER, CA 92596 1,000. HERITAGE FOUNDATION NONE OPERATING PURPOSES ÞС 214 MASSACHUSETTS AVE., N.E. 500. WASHINGTON, DC 20002 **HEROBOX** NONE ÞС OPERATING PURPOSES PO BOX 1096 TYRONE, GA 30290 100. HOMES FOR OUR TROOPS NONE PC OPERATING PURPOSES 6 MAIN STREET TAUNTON, MA 02780 1,000. **Total from continuation sheets**

Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual. show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) recipient or substantial contributor INDIANA BETA OF SIGMA ALPHA EPSILON NONE ÞС OPERATING PURPOSES P.O. BOX 442100 LAWRENCE, KS 66044 1,000. INDIANA FAMILY INSTITUTE NONE ÞС **DPERATING PURPOSES** 140 NORTH FIRST STREET ZIONSVILLE, IN 46077 1,000. INTERNATIONAL FELLOWSHIP OF NONE ÞС OPERATING PURPOSES CHRISTIANS 30 NORTH LASALLE STREET CHICAGO, IL 60602 100. JUDICIAL WATCH NONE ÞС OPERATING PURPOSES 425 THIRD STREET SW, SUITE 800 WASHINGTON, DC 20024 1,000. LEADERSHIP INSTITUTE NONE ÞС DPERATING PURPOSES 1191 NORTH HIGHLAND STREET ARLINGTON, VA 22201 500. LIBERTY COUNSEL NONE ЬC DPERATING PURPOSES P.O. BOX 540774 ORLANDO, FL 32854 300. LIFE PERSPECTIVES NONE ÞС OPERATING PURPOSES 3456 CAMINO DEL RIO NORTH 4,000. SAN DIEGO, CA 92108 LITTLE SISTERS OF THE POOR NONE PC DPERATING PURPOSES 601 MAIDEN CHOICE LANE BALTIMORE, MD 21228 200. NATIONAL LAW ENFORCEMENT OFFICERS NONE ÞС OPERATING PURPOSES MEMORIAL FUND 901 E STREET NW, SUITE 100 WASHINGTON, DC 20004-2025 30. NATIONAL MULTIPLE SCLEROSIS SOCIETY NONE ÞС OPERATING PURPOSES 733 THIRD AVENUE NEW YORK, NY 10017-4057 300. Total from continuation sheets

Part Supplementary Information	า			
3 Grants and Contributions Paid During the	/ear (Continuation)			_
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
NATIONAL RIGHT TO WORK LEGAL DEFENSE	NONE	PC	OPERATING PURPOSES	
FOUNDATION	NONE	FC	DEERATING PURPOSES	
8001 BRADDOCK ROAD				
SPRINGFIELD, VA 22160				1,000.
OPEN DOORS USA	NONE	PC	OPERATING PURPOSES	
PO BOX 27001				
SANTA ANA, CA 92799				100.
PRAY IN JESUS NAME MINISTRIES	NONE	PC	OPERATING PURPOSES	
PO BOX 77077	NOINE	FC	DEERATING FURFOSES	
COLORADO SPRINGS, CO 80970				100.
PURDUE UNIVERSITY FOUNDATION	NONE	PC	OPERATING PURPOSES	
403 WEST WOOD STREET WEST LAFAYETTE, IN 47907				50,000.
madi minimina, in 47507				30,000.
RADIO AMERICA	NONE	₽C	OPERATING PURPOSES	
1100 NORTH GLEBE ROAD				
ARLINGTON, VA 22201				100.
RESTORING YOUR PRIDE EDUCATIONAL	NONE	PC	OPERATING PURPOSES	
FOUNDATION				
406 LITTLETON STREET				
WEST LAFAYETTE, IN 47906				1,000.
RIVERSIDE MILITARY ACADEMY	NONE	PC	OPERATING PURPOSES	
2001 RIVERSIDE DRIVE				
GAINESVILLE, GA 30501				2,500.
SAINT MEINRAD SEMINARY & SCHOOL OF	NONE	PC	OPERATING PURPOSES	
THEOLOGY	10112		or Endirance Toke obeb	
200 HILL DRIVE				
ST. MEINRAD, IN 47577				200.
SALVATION ARMY	NONE	₽C	OPERATING PURPOSES	
615 SLATERS LANE				
ALEXANDRIA, VA 22314		<u> </u>		1,000.
-				
SAN MARCO PARISH	NONE	PC	DEPARTING DIRECTS	
851 SAN MARCO ROAD	NONE		DPERATING PURPOSES	
MARCO ISLAND, FL 34145				3,000.
Total from continuation sheets				

Part Supplementary Information

3 Grants and Contributions Paid During the Y	= <u> </u>	1		
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
SHELTERING WINGS	NONE	₽C	OPERATING PURPOSES	
251 SYCAMORE LANE	1-1-1-			
DANVILLE, IN 46122				2,000
,				
SOCIETY OF ST. VINCENT DE PAUL	NONE	PC	OPERATING PURPOSES	:
58 PROGRESS PARKWAY				
MARYLAND HEIGHTS, MO 63043-3706				200
-				
ST ELIZABETH SETON PARISH	NONE	PC	OPERATING PURPOSES	
10655 HAVERSTICK ROAD				
CARMEL, IN 46033				6,000
ST THERESA'S PARISH	NONE	PC	OPERATING PURPOSES	
11528 U.S. 301				
BELLEVIEW, FL 34420				800
ST. JUDE CHILDREN'S RESEARCH HOSPITAL	NONE	PC	OPERATING PURPOSES	
501 ST. JUDE PLACE				
MEMPHIS, TN 38105				100
THE CATHOLIC FAITH APPEAL	NONE	PC	OPERATING PURPOSES	
1000 PINEBROOK ROAD				
VENICE, FL 34285				100
THE CLAREMONT INSTITUTE	NONE	PC	OPERATING PURPOSES	
1317 W. FOOTHILL BLVD, SUITE 120				
UPLAND, CA 91786				300
THE FUND FOR AMERICAN STUDIES	NONE	PC	OPERATING PURPOSES	
1706 NEW HAMPSHIRE AVENUE, NW WASHINGTON, DC 20009				300
MIDITIOION, DC 20003				300
THE TOY OF CIVING TWO	VONE		DDEDAMENTA DYPROSES	
THE JOY OF GIVING, INC 317 NASSAU COURT	NONE	PC	OPERATING PURPOSES	
MARCO ISLAND, FL 34145				75
DAME, SH JEET				
THE WIGGION AND THE GROOM	L			
THE MISSION AT THE CROSS	NONE	PC	DPERATING PURPOSES	
324 S MAGNOLIA ST. LAUREL, MS 39440				300
Total from continuation sheets	1	1		

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual. Recipient Purpose of grant or Foundation show any relationship to Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient DPERATING PURPOSES THE NAVIGATORS NONE PC P.O. BOX 6000 300. COLORADO SPRINGS, CO 80934 OPERATING PURPOSES THOMAS MORE LAW CENTER NONE 24 FRANK LLOYD WRIGHT DRIVE, SUITE J 500. 3200 ANN ARBOR, MI 48106 OPERATING PURPOSES USO WORLD HEADQUARTERS NONE ÞС 2111 WILSON BLVD 1,000. ARLINGTON, VA 22201 WOUNDED WARRIOR AMPUTEE SOFTBALL TEAM NONE ÞС DPERATING PURPOSES 2121 EISENHOWER AVENUE, SUITE 300 ALEXANDRIA, VA 22314 1,000. **DPERATING PURPOSES** WOUNDED WARRIOR PROJECT NONE ÞС 4899 BELFORT ROAD, SUITE 300 4,000. JACKSONVILLE, FL 32256 NONE ÞС OPERATING PURPOSES WYCLIFFE ASSOCIATES P.O. BOX 620143 375. ORLANDO, FL 32862 Total from continuation sheets

FORM 990-PF INTERE	ST ON SAVIN	GS AND TEM	PORARY	CASH IN	VESTMENTS	STATEMENT 1
SOURCE MERRILL LYNCH		REVE	REVENUE NET INV		(B) VESTMENT COME	(C) ADJUSTED NET INCOME
			19.		19.	
TOTAL TO PART I, LI	NE 3		19.		19.	
FORM 990-PF	DIVIDENDS	AND INTER	EST FRO	M SECUR	ITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	RE	(A) VENUE BOOKS	(B) NET INVES MENT INCO	
MERRILL LYNCH	107,786.	68,65	4.	39,132.	39,13	32.
TO PART I, LINE 4	107,786.	68,65	4.	39,132.	39,13	32.
FORM 990-PF	<u> </u>	LEGAL	FEES			STATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B NET IN MENT I	VEST-	(C) ADJUSTED NET INCOM	
CORPORATION SERVICE		416.	208.			208.
TO FM 990-PF, PG 1,	LN 16A	416.		208.		208.
FORM 990-PF		ACCOUNTI	NG FEES			STATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS	(B NET IN MENT I	VEST-	(C) ADJUSTED NET INCOM	
SBK FINANCIAL, INC.		2,195.		1,098.		1,097.
TO FORM 990-PF, PG	1, LN 16B	2,195.		1,098.		1,097.

FORM 990-PF C	THER PROFES	SIONAL FEES	STATEMENT		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES	
MERILL LYNCH	150.	150.		0.	
TO FORM 990-PF, PG 1, LN 16C	150.	150.		0.	
_	TAXES		STATEMENT 6		
FORM 990-PF	TAX	ES	S	TATEMENT 6	
FORM 990-PF DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-	(C) ADJUSTED	TATEMENT 6 (D) CHARITABLE PURPOSES	
	(A) EXPENSES	(B) NET INVEST-	(C) ADJUSTED	(D) CHARITABLE	

FORM 990-PF OTHER INCREASES IN NET ASSETS OR FUND BALANCES	STATEMENT 7
DESCRIPTION	AMOUNT
NONTAXABLE DISTRIBUTION NONTAXABLE STOCK DIVIDEND	3,250. 361,562.
TOTAL TO FORM 990-PF, PART III, LINE 3	364,812.
FORM 990-PF OTHER DECREASES IN NET ASSETS OR FUND BALANCES	STATEMENT 8
DESCRIPTION	AMOUNT
BOOK ADJUSTMENT ON CONTRIBUTED SECURITIES	182,366.
TOTAL TO FORM 990-PF, PART III, LINE 5	182,366.

FORM 990-PF CORPORATE STOCK	· · · · · · · · · · · · · · · · · · ·	STATEMENT 9
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
1,435 SHS - PRICE T ROWE GROUP INC 2,530 SHS - EOG RESOURCES INC	5,381. 15,162.	123,209. 232,937.
13,858 SHS - ALLIED WORLD ASSURANCE CO HOLDINGS 1,325 SHS - TRAVELERS COS INC	473,944. 14,004.	525,495. 140,251.
TOTAL TO FORM 990-PF, PART II, LINE 10B	508,491.	1,021,892.

FORM 990-PF	OTHER INVESTMENTS		STATEMENT 10
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
10,500 SHS - BLACKROCK GLOBAL	COST		
ALLOCATION FD INC C		185,653.	190,790
5,115 SHS - FIRST EAGLE GLOBAL	COST	024 050	0.60 .610
CLASS C 5,689 SHS - PUTNAM CAPITAL SPECT	TRUM COST	231,979.	262,612
FUND CL C	TROM COST	182,978.	214,375
982 SHS - LOOMIS SAYLES SR FLOAT	r COST	102,570.	214,575
RTE & FIXD INC FD CL C		10,342.	9,968
2,870 SHS - VANGUARD TOTAL STK M	MKT COST	·	·
ETF		123,203.	304,220
917 SHS - EATON VANCE FLOATING F	RTE COST		
ADVANTAGE FUND CL C		10,264.	9,885
4,359 SHS - FIRST EAGLE US VALUI	E FD COST	75 005	87,276
CL C 1,164 SHS - PUTNAM EQUITY INCOM	E COST	75,005.	01,210
FUND CL C	COSI	24,168.	24,244
1,142 SHS - FIRST EAGLE OVERSEAS	S CL COST		,
C		25,010.	24,142
2,565 SHS - FIRST EAGLE GLOBAL	COST		
INCOME BUILDER FUND CL C		27,937.	27,933
2,162 SHS - PUTNAM MULTI CAP COI	RE COST	25 450	25 05
FUND CL C	COCE	37,470.	37,273
238 SHS - EATON VANCE BOND FUND CLASS C	COST	2,539.	2,551
157 SHS - LOOMIS SAYLES STRATEG	ic cost	2,333.	2,331
INCOME FUND CLASS C		2,611.	2,581
1,147 SHS - PUTNAM EQUITY SPECTI	RUM COST	·	•
FUND CL C		46,740.	47,818
2,849 SHS - NEUBERGER BERMAN EQU	JITY COST		
INCOME FUND CL C	7777D GOGE	34,355.	35,568
7,441 SHS - IVY ASSET STRATEGY I	FUND COST	176,084.	182,692
CL C 4,381 SHS - BLACKROCK MULTI ASSI	et cost	170,004.	102,092
INCOME PORTFOLIO C	CODI	50,005.	49,121
212 SHS - NEUBERGER BERMAN LONG	COST	22,220	,
SHORT FUND CL C		2,511.	2,683
	40	4 040 051	4 545 50
TOTAL TO FORM 990-PF, PART II, 1	LINE 13	1,248,854.	1,515,732

• FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT 11

NAME OF MANAGER

NORMAN P. BLAKE, JR. KAREN S. BLAKE

Form **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

If you	are filing for an Automatic 3-Month Extension, complete	e only Par	t I and check this box			•	X
If you	are filing for an Additional (Not Automatic) 3-Month Ext	ension, co	omplete only Part II (on page 2 of t	this form)			
			ic 3-month extension on a previous	•			
	ic filing (e-file) . You can electronically file Form 8868 if y						
	to file Form 990-T), or an additional (not automatic) 3-mon						
	o file any of the forms listed in Part I or Part II with the exc						
	Benefit Contracts, which must be sent to the IRS in paper	er format (s	see instructions) For more details or	n the elect	ronic f	iling of this fo	rm,
Part I	v.rs.gov/efile and click on e-file for Chanties & Nonprofits. Automatic 3-Month Extension of Time.	Only s	ubmit original (no copies nee	eded).		<u> </u>	
A corpor	ation required to file Form 990-T and requesting an autom						
art I on						>	
All other	corporations (including 1120-C filers), partnerships, REMIC	Cs. and tru	ists must use Form 7004 to request	an extensi	on of t	ime	
	ome tax returns	,	,	_		entifying num	ber
Type or	Name of exempt organization or other filer, see instruc	tions				fication numb	
orint							
	THE BLAKE FAMILY CHARITABLE	FOUN	DATION		35	-212822	5
ile by the due date for	Number, street, and room or suite no. If a P.O. box, se	e instructi	ions.	Social se	curity	number (SSN)
iling your eturn See	356 SEABREEZE DRIVE						
nstructions	City, town or post office, state, and ZIP code. For a fo	reign addr	ess, see instructions				
	MARCO ISLAND, FL 34145-182	7					
Enter the	Return code for the return that this application is for (file	a separate	e application for each return)				0 4
							
Applicat	ion	Return	Application				Return
s For		Code	Is For				Code
orm 990	O or Form 990-EZ	01	Form 990-T (corporation)				07
orm 990	D-BL	02	Form 1041-A				08
orm 472	20 (ındıvıdual)	03	Form 4720 (other than individual)				09
orm 990		04	Form 5227				10
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11
orm 990	0-T (trust other than above)	06	Form 8870				12
	KAREN S. BLAKE			2444	_		
	ooks are in the care of 356 SEABREEZE D	KIAE		3414	5		
	none No ► (239) 642-7372		Fax No 🕨				
	organization does not have an office or place of business						
_	is for a Group Return, enter the organization's four digit G		· · · · · · · · · · · · · · · · · · ·			hole group, c	
oox 🕨	If it is for part of the group, check this box		ch a list with the names and EINs of		ers the	extension is	for
1 Ire	equest an automatic 3-month (6 months for a corporation				_		
		organizat	on return for the organization name	d above.	The ex	tension	
IS 1	for the organization's return for.						
	X calendar year 2014 or						
	tax year beginning	, an	u enaing		- ·		
O If +	ho tay year antered in line 1 is for less than 10 marths. The	ook roos-	n Dutudt	Einal **** :-	-		
2 If t	he tax year entered in line 1 is for less than 12 months, ch Change in accounting period	ieck reaso	n Initial return	Fınal retur	11		
	his application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6060	inter the tentative toy less and				
	nrefundable credits. See instructions.	JI 0009, E	anter the tentative tax, less any	20		ρ	,560.
_	his application is for Forms 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and	3a	\$,,500.
	imated tax payments made Include any prior year overpa	•		26	æ	Я	3,560.
	lance due. Subtract line 3b from line 3a. Include your pay			3b	_\$,,,,,,,,,
	using EFTPS (Electronic Federal Tax Payment System) S			3c	æ		0.
	If you are going to make an electronic funds withdrawal				d Forn	n 8879-FΩ for	
nstructio		andor dec	, 1 0111 0000, 360 1 01111 0	.so Lo an	Oill	307 0 20 101	paymont

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

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