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Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

ror	calend	iar year 2014 or tax year beginning , a	ana enaing				
Na	ame of fou	ndation			A Empl	oyer identification number	
						25.600.4	
		FONVIELLE FOUNDATION, INC. Istreet (or P O box number if mail is not delivered to street address)				-3569084 hone number (see instruction:	
		MCCRACKEN ROAD	"	oom/suite		S)	
		, state or province, country, and ZIP or foreign postal code				0-422-7773	
7	ALL	AHASSEE FL 32309			C If exe	mption application is pending,	check here
G	Check a	all that apply Initial return Initial return	n of a former public c	harity	D 1 Fo	oreign organizations, check he	ere >
		Final return Amended	return	·	2. Fo	oreign organizations meeting t	he
		Address change Name cha	nge			5% test, check here and attach	_
H	Check t	ype of organization X Section 501(c)(3) exempt private	foundation		F If no iv	ate foundation status was terr	ninated under
Ä			e private foundation			n 507(b)(1)(A), check here	>
l F		ket value of all assets at J Accounting method		rual	F If the	foundation is in a 60-month te	rmination
e	end of ye	ear (from Part II, col. (c), Other (specify)				section 507(b)(1)(B), check h	
	ne 16) l		be on cash basis)		İ		
P	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	4			(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	(b) Net inv		(c) Adjusted net income	for charitable purposes
	T .			<u> </u>			(cash basis only)
	1 2	Contributions, gifts, grants, etc., received (attach schedule)	72,685				
	2	Check ▶ ☐ If the foundation is not required to attach Sch B					
	3	Interest on savings and temporary cash investments	7,020		7,020		
	1 '	Dividends and interest from securities	7,020		7,020		
	5a	Gross rents	•••••••••••••••••••••••••••••••••••••••				
ne	b	Net rental income or (loss)	198,963				
Revenue	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales pince for all assets on line 6a 467,709	190,903				
	7	Capital gain net income (from Part IV, line 2)		1	98,963		
	8	Net short-term capital gain			50,505	0	
	9	Income modifications	***************************************				
	10a	Gross sales less returns and allowances				• • • • • • • • • • • • • • • • • • • •	
	ь	Less Cost of goods sold					
	C	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	278,672	2	05,987	0	
'n	13	Compensation of officers, directors, trustees, etc.	0		<u> </u>		
xpenses	14	Other employee salaries and wages					
. E	15	Pension plans, employee benefits				RE	CEIVED
	16a	Legal fees (attach schedule)					70
PШ	b	Accounting fees (attach schedule) STMT 1	1,000		500	3080 AUC	0.3 2015
:≧	С	Other professional fees (attach schedule)				38	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
īĒ	17	Interest					
]S.	18	Taxes (attach schedule) (see instructions) STMT 2	264		264	U(5	DEN, UT
∄	19	Depreciation (attach schedule) and depletion					27
ਉ	20	Occupancy					
ָם,	21	Travel, conferences, and meetings					
ä	22	Printing and publications					
Operating and Administrative E	23	Other expenses (att sch) STMT 3	2,582		2,582		
ati	24	Total operating and administrative expenses.					
er		Add lines 13 through 23	3,846		3,346	0	0
ŏ	25	Contributions, gifts, grants paid	47,329			_	47,329
	26	Total expenses and disbursements. Add lines 24 and 25	51,175		3,346	0	47,329
	27	Subtract line 26 from line 12	207 407				
	a	Excess of revenue over expenses and disbursements	227,497	-	02 641		
	b	Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-)			02,641	0	
		Adjusted her income (ii negative, enter -0-)		<u>t.</u>	- 1	U	,

Page Balance Sheets Allected showles with amounts in the description column (Son numbers) Cash - non-interact-bearing	<u>F</u>	orm 99	0-PF (2014) THE FONVIELLE FOUNDATION, INC.	59-356908	4	Page 2
Cash - non-interest-bearing Cash removes almost set Cash - non-interest-bearing Cash removes Cash re		Part !		Beginning of year	End of	year
2 Savings and temporary cash investments 3 Accounts receivable ▶ Less allowance for doubtful accounts ▶ 4 Pledges receivable 5 Grants convolute ▶ 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (ace interactions) 7 Offer interactions of the schedule (ace interactions) 8 Prepade expanses and deferred charges 9 Prepade expanses and deferred charges 1 Total investments – Corporate bonds (attach schedule) 1 Investments – Corporate bonds (attach schedule) 1 Investments – corporate bonds (attach schedule) 2 Investments – corporate bonds (attach schedule) 3 Investments – corporate bonds (attach schedule) 3 Investments – corporate bonds (attach schedule) 4 Investments – corporate bonds (attach schedule) 5 Investments – corporate bonds (attach schedule) 4 Investments – corporate bonds (attach schedule) 5 Investments – corporate bonds (attach schedule) 6 Investments – corporate bonds (attach schedule) 7 Investments – corporate bonds (attach schedule) 8 Investments – corporate bonds (attach schedule) 9 Investments – corporate bonds (attach schedule) 1 Investments – corporate bonds (attach schedule) 2 Investments – corporate bonds (at	_		should be for end-or-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
3 Accounts receivable ► Less allowance for doubtful accounts ► Caratis receivable Carati					-1	
Less allowance for doubtful accounts Peledges receivable Less allowance for doubtful accounts Carants receivable Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) 7 Other roos and loss receivable Less allowance for doubtful accounts Less accounts Less allowance for doubtful accounts Less accounts		1	Savings and temporary cash investments	3,957	7,188	7,188
Pledger receivable		3			-	
Less allowance for doubtful accounts ► Grants recewable Reconsibles due from officers, directors, trustees, and other disqualified persons (attuch schedule) (see instructions) To fer rotes are basis receivable (its schedule) ► Less allowance for doubtful accounts ► O Inventiones for sale or use Prepare depends and deferred charges Inventiones for sale or use Investments – Use and stee government obligations (attach schedule) Investments – Corporate bonds (attach schedule) Less accompliance in the bonds (attach schedule) Less ac			Less allowance for doubtful accounts ▶			
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Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. Unrestricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. Capital stock, trust principal, or current funds Part life Analysis of Changes in Net Assets or Fund Balances Total net assets or fund balances (see instructions) Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) Enter amount from Part I, line 27a Other increases not included in line 2 (itemize) Add lines 1, 2, and 3 Decreases not included in line 2 (itemize) SEE STATEMENT 5	ë.	19				
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Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. Unrestricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. Capital stock, trust principal, or current funds Part life Analysis of Changes in Net Assets or Fund Balances Total net assets or fund balances (see instructions) Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) Enter amount from Part I, line 27a Other increases not included in line 2 (itemize) Add lines 1, 2, and 3 Decreases not included in line 2 (itemize) SEE STATEMENT 5	<u>.</u>	21	· · · · · · · · · · · · · · · · · · ·			
Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted 27 Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 28 Paid-in or capital surplus, or land, bldg, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances (see instructions) 31 Total liabilities and net assets/fund balances (see instructions) 29 Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) SEE STATEMENT 5 5 149,646	7	22	Other liabilities (describe ▶)			
and complete lines 24 through 26 and lines 30 and 31. 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted 27 Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 28 Paid-in or capital surplus, or land, bldg, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances (see instructions) 31 Total liabilities and net assets/fund balances (see instructions) 31 Total net assets or fund balances (see instructions) 31 Total net assets or fund balances (see instructions) Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year − Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ► SEE STATEMENT 5 5 149,646	4	23	Total liabilities (add lines 17 through 22)	. 0	0	
24 Unrestricted 25 Temporarily restricted 26 Permanently restricted 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances (see instructions) 31 Total liabilities and net assets/fund balances (see instructions) 32 Part III Analysis of Changes in Net Assets or Fund Balances 357,082 434,933 37 Total net assets or fund balances (see instructions) 38 Total net assets or fund balances (see instructions) 39 Total net assets or fund balances (see instructions) 30 Total net assets or fund balances (see instructions) 31 Total net assets or fund balances (see instructions) 32 Total net assets or fund balances in Net Assets or Fund Balances 357,082 434,933 36 Total net assets or fund balances in Net Assets or Fund Balances 357,082 434,933 37 Total net assets or fund balances in Net Assets or Fund Balances 357,082 434,933 36 Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 29 Enter amount from Part I, line 27a 30 Other increases not included in line 2 (itemize) SEE STATEMENT 5 30 Decreases not included in line 2 (itemize) SEE STATEMENT 5 50 1449,646						
Instructions) Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year − Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5 SEE STATEMENT 5	ë					
Instructions) Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year − Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5 SEE STATEMENT 5	a					
Instructions) Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year − Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5 SEE STATEMENT 5	Ba		· · · ·			
Instructions) Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year − Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5 SEE STATEMENT 5	힏	26	· · ·			
Instructions) Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year − Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5 SEE STATEMENT 5	널.		Foundations that do not follow SFAS 117, check here			
Instructions) Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year − Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5 SEE STATEMENT 5	ö	27	- I			
Instructions) Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year − Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5 SEE STATEMENT 5	ş		, and the second second second second second second second second second second second second second second se			
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Instructions) Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year − Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5 SEE STATEMENT 5	۲					
Instructions) Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year − Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5 SEE STATEMENT 5	اق		· · · · · · · · · · · · · · · · · · ·	357,082	434,933	
Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ SEE STATEMENT 5 5 149,646		31	,	255 000	404 000	
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2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ SEE STATEMENT 5 5 149,646	•			or agree with		357 000
3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ SEE STATEMENT 5 5 149,646	2		· · · · · · · · · · · · · · · · · · ·			
4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ► SEE STATEMENT 5 5 149,646	_					221,491
5 Decreases not included in line 2 (itemize) ► SEE STATEMENT 5 5 149,646			•			504 570
				o), line 30		

Part VI instructions

DAA

	1990-PF (2014) THE FONVIELLE FOUNDATION, INC. 59-3569084			F	Page 4
	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)				
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			4,	<u>053</u>
	here ▶ and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of				
_	Part I, line 12, col (b)				
2	· · · · · · · · · · · · · · · · · · ·	2			0
3		B		4,	053
4		<u> </u>			0
5	· · · · · · · · · · · · · · · · · · ·	5		4,	053
6	Credits/Payments				
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a				
b	Exempt foreign organizations – tax withheld at source				
C	Tax paid with application for extension of time to file (Form 8868) 6c 4,000				
d	Backup withholding erroneously withheld 6d			_	
7	Total credits and payments Add lines 6a through 6d	<u>'</u>		4,	000
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	B.			6
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<u> </u>			59
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	0			
11_	Enter the amount of line 10 to be Credited to 2015 estimated tax ▶ Refunded ▶ 1	1			
	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No
	participate or intervene in any political campaign?		_1a		X
b	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				
С	Did the foundation file Form 1120-POL for this year?		1c	·····	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
_	on foundation managers \$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
_	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				
4-	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	/-	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		<u> </u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	-	5		X
_	If "Yes," attach the statement required by General Instruction T				ĺ
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that				ĺ
7	conflict with the state law remain in the governing instrument?		6	_ <u>x</u> _	 -
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part X'	V	7	_X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ NONE				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				Ė
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	X	L
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or				
	4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes,"		1		İ
	complete Part XIV		9		x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses STMT 6		10	X	
		F	om 99	0-PF	(2014)

_	1 990-PF (2014) THE FONVIELLE FOUNDATION, INC. 59-3569084				P	<u>age 5</u>
Pa	art VII-A Statements Regarding Activities (continued)					
11	At any time, during the year, did the foundation, directly or indirectly, own a controlled entity within the					
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)			11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified					
	person had advisory privileges? If "Yes," attach statement (see instructions)			12		_X_
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	•		13	\mathbf{x}	
	Website address ► N/A					
14	ļ	no 🕨	850-4	22-	777	3
	10800 MCCRACKEN ROAD					
	Located at ► TALLAHASSEE FL ZI	P+4 ▶	32309	•		
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	▶	15			
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority				Yes	No
	over a bank, securities, or other financial account in a foreign country?			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 of the foreign country ▶					
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required					
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.				Yes	No
1a	During the year did the foundation (either directly or indirectly)					
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a					
	disqualified person?	Yes	X No			
	(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	X No			
	(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	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)	Yes	X No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations		_			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here		▶ 📗			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that					
	were not corrected before the first day of the tax year beginning in 2014?			1c		<u> </u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private					
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))					
а	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and					
	6e, Part XIII) for tax year(s) beginning before 2014?	Yes	X No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20					
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)					
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		NT / 7	۱	ŀ	
_	all years listed, answer "No" and attach statement – see instructions)		N/A	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 20 . 20 . 20 . 20					
3a	▶ 20 , 20 , 20 , 20 Did the foundation hold more than a 2% direct or indirect interest in any business enterprise					
Ja	at any time during the year?	V	X No			
h	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or	Yes	X No			
þ	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the				Į	
	•					
	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)		N/A	,	Ì	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		14/ FZ	3b		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			4a		
-	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?			4b	ĺ	X
	2014/		· - · · · · · · · · · · · · · · · · · ·	orm 99	0-PF	
				VIIII W W		12014)

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	art VII-B Statements Regarding Activities for Which Form	4/20 May Be F	(equirea (cor	ntinued)		
5a	3			[49]		
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section			Yes X No		
	(2) Influence the outcome of any specific public election (see section 4955), or	to carry on,		v 50 v		
	directly or indirectly, any voter registration drive?			Yes X No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?			Yes X No		
	(4) Provide a grant to an organization other than a charitable, etc., organization	n described in		T		
	section 4945(d)(4)(A)? (see instructions)			Yes X No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, of	or educational		Te		
	purposes, or for the prevention of cruelty to children or animals?			Yes X No		
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify und			27/2		
	Regulations section 53 4945 or in a current notice regarding disaster assistance		?	N/A	5b	
	Organizations relying on a current notice regarding disaster assistance check h			▶ 📋		
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax	/-	 1		
	because it maintained expenditure responsibility for the grant?		N/A	Yes No		
	If "Yes," attach the statement required by Regulations section 53 4945–5(d)					
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to p	ay premiums				
	on a personal benefit contract?			Yes X No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a pe	ersonal benefit conti	ract?		6b	X
	If "Yes" to 6b, file Form 8870			_		
7a	At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?		Yes X No		
<u>b</u>				N/A	7b	
Pa	art VIII Information About Officers, Directors, Trustees, Fo	oundation Mana	agers, Highly	y Paid Employ	ees,	
1	List all officers, directors, trustees, foundation managers and their compens	sation (see instruc	tions)			
<u> </u>	tion an officers, areators, trastees, realitation managers and their compens	sation (see mstruc	dons).	4 11 Co-t-1-1-1-1-1	$\overline{}$	
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit	(e) Exper	nse account,
	(a) Name and address	devoted to position	(If not paid, enter -0-)	plans and deferred compensation		llowances
	E STATEMENT 7			compensation	 	
51	in Claimint				!	
-					 	
		 				
		 		 		
	Compensation of five highest-paid employees (other than those included	on line 1 . see inst	tructions) If no			
_	"NONE."	On time 1 – See 11151	iructions). Ii no	rie, enter		
				(d) Contributions to	Γ -	
	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit		nse account,
	(a) / a a a a a a a a a a a a a a a a a a	devoted to position	(c) och pensauon	plans and deferred compensation	other a	llowances
	NE			compensation	 	
110						
						
					 	
		1				
				 	 	
		 				
Tota	I number of other employees paid over \$50,000	<u> </u>	·	<u> </u>	<u> </u>	
ı ota	i number of other employees paid over \$50,000					0

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Form	990-PF (2014) THE FONVIELLE FOUNDATION, INC.	59-3569084	Page 7
Pa	t VIII Information About Officers, Directors, Trustees, Foundat	ion Managers, Highly Paid E	Employees,
	,and Contractors (continued)		
	Five highest-paid independent contractors for professional services (see instruction		
NO	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NO	NE .		
			·
			
Total	number of others receiving over \$50,000 for professional services		•
Pa	t IX-A Summary of Direct Charitable Activities		
	ne foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such	as the number of	
orga	izations and other beneficiaries served, conferences convened, research papers produced, etc		Expenses
1	ST. PETER'S ANGLICAN CHURCH - CASH CONTRIBU	UTIONS	
			22 565
2	ST. JOHN'S EPISCOPAL CHURCH - CASH CONTRIBU	UTIONS	22,565
_			
_			8,000
3	FSU COLLEGE OF LAW - CASH CONTRIBUTIONS		
_	TALLAHASSEE MEMORIAL HOSPITAL FOUNDATION -	CASH	7,500
7	CONTRIBUTIONS	CASII	
			2,892
Pa	t IX-B Summary of Program-Related Investments (see instruction	ons)	
	nbe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1	N/A		
2 -			
_			
All o	ner program-related investments. See instructions		
3			
Total	Add lines 1 through 3		

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

Form 990-PF (2014)

Part XIII Undistributed Income (see instructions) (a) (b) (c) Corpus Years prior to 2013 2013 line 7 Undistributed income, if any, as of the end of 2014 a Enter amount for 2013 only b Total for prior years 20, 20 Excess distributions carryover, if any, to 2014 a From 2009 b From 2010 47, 697	Page 9 (d)
1 Distributable amount for 2014 from Part XI, Corpus Years prior to 2013 2013 line 7 2 Undistributed income, if any, as of the end of 2014 a Enter amount for 2013 only b Total for prior years 20, 20 20 3 Excess distributions carryover, if any, to 2014 a From 2009 31,533	
line 7 2 Undistributed income, if any, as of the end of 2014 a Enter amount for 2013 only b Total for prior years 20, 20 3 Excess distributions carryover, if any, to 2014 a From 2009 31,533	
2 Undistributed income, if any, as of the end of 2014 a Enter amount for 2013 only b Total for prior years 20, 20	2014
a Enter amount for 2013 only b Total for prior years 20 , 20 3 Excess distributions carryover, if any, to 2014 a From 2009 31,533	15,574
b Total for prior years 20, 20	
3 Excess distributions carryover, if any, to 2014 a From 2009 31,533	
a From 2009 31,533	
	
c From 2011 26,075	
d From 2012 54,414	
e From 2013 27,229	
f Total of lines 3a through e 186, 948	
4 Qualifying distributions for 2014 from Part XII,	
line 4 ▶ \$ 47,329	
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)	
d Applied to 2014 distributable amount	15,574
e Remaining amount distributed out of corpus 31,755	
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	
b Prior years' undistributed income Subtract	
line 4b from line 2b	***************************************
c Enter the amount of prior years' undistributed	
income for which a notice of deficiency has been issued, or on which the section 4942(a)	
tax has been previously assessed	
d Subtract line 6c from line 6b Taxable	
amount – see instructions	
e Undistributed income for 2013 Subtract line	
4a from line 2a Taxable amount – see	
instructions	
f Undistributed income for 2014 Subtract lines	
4d and 5 from line 1. This amount must be	
distributed in 2015	0
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)	· · · · · · · · · · · · · · · · · · ·
8 Excess distributions carryover from 2009 not	
applied on line 5 or line 7 (see instructions) 31,533	
9 Excess distributions carryover to 2015.	
Subtract lines 7 and 8 from line 6a 187,170	
10 Analysis of line 9	
a Excess from 2010 47,697	
b Excess from 2011 26,075 c Excess from 2012 54,414	
c Excess from 2012 54,414 d Excess from 2013 27,229	
e Excess from 2014 31,755	

Pa	art XIV Private Operating For	undations (see in	structions and Pa	rt VII-A, guestion 9)	i ago i		
1a	a If the foundation has received a ruling or determination letter that it is a private operating							
	foundation, and the ruling is effective for			g				
b	Check box to indicate whether the found		•	ibed in section 1	942(j)(3) or 494:	2(1)(5)		
2a	Enter the lesser of the adjusted net	Tax year	ating loundation descri	Prior 3 years	942(J)(3) 01 494 <i>7</i>	2(j)(5)		
Za	income from Part I or the minimum	(a) 2014	(h) 2012	T	(1) 2044	(e) Total		
		(a) 2014	(b) 2013	(c) 2012	(d) 2011			
	investment return from Part X for							
	each year listed							
b	85% of line 2a					· · · · · · · · · · · · · · · · · · ·		
С	Qualifying distributions from Part XII,							
	line 4 for each year listed							
d	Amounts included in line 2c not used directly							
	for active conduct of exempt activities							
е	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							
а	"Assets" alternative test – enter							
	(1) Value of all assets							
	(2) Value of assets qualifying under							
	section 4942(j)(3)(B)(i)			<u>.</u>				
b	"Endowment" alternative test – enter 2/3							
D	of minimum investment return shown in							
_	Part X, line 6 for each year listed							
С	"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					<u> </u>		
	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							
Pa	rt XV Supplementary Inform	nation (Complete	this part only if	the foundation ha	ad \$5,000 or more	in assets at		
	any time during the y	<u>ear – see instruc</u>	tions.)					
1	Information Regarding Foundation Ma	inagers:						
а	List any managers of the foundation who	have contributed mor	e than 2% of the total	contributions received	by the foundation			
	before the close of any tax year (but only							
	C. DAVID FONVIELLE	•	•		,	\$120,749		
b	List any managers of the foundation who	own 10% or more of t	he stock of a corporat	ion (or an equally large	portion of the			
	ownership of a partnership or other entity							
	N/A	,	a g.ca					
2	Information Regarding Contribution, C	Frant, Gift, Loan, Sch	olarship, etc., Progra	ams:				
_	<u>—</u>			ole organizations and d	oes not accept			
	unsolicited requests for funds. If the foun							
	other conditions, complete items 2a, b, c		ants, etc (see instruct	ions) to individuals of t	ngamzations under			
	The name, address, and telephone number			anning the state of the state o				
a	C. DAVID FONVIELLE,				audressed			
	10800 MCCRACKEN ROAL			J				
					— ———			
Ø	The form in which applications should be	submitted and inform	ation and materials the	ey should include				
	SEE STATEMENT 8							
С	Any submission deadlines							
	NONE							
ď	Any restrictions or limitations on awards,	such as by geographi	cal areas, charitable fi	elds, kinds of institution	ns, or other			
	factors							
	NONE							
DAA						Form 990-PF (2014		

3 Grants and Contributions Paid During the	Year or Approved for	Future Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	or substantial contributor	recipient		
Name and address (home or business) a Paid during the year SEE STATEMENT 9	show any relationship to any foundation manager		Purpose of grant or contribution	47,32
Total b Approved for future payment N/A			▶ 3a	47,32
Total			▶ 3b	

Analysis of Income-Producing Activities

Eni	er gross amo	unts unless otnerw	vise indicated	Unr	elated	business income	Excluded	by section 512, 513, or 514	(-)
	,			(a) Business co	de	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
1	Program ser				_		 -		
					_				
	c	7			_				
									·_
	e								
	f		C						
	g Fees an	d contracts from go	overnment agencies		\top	_			
2		dues and assessn							`
3	Interest on s	avings and tempor	ary cash investments				14	4	
4	Dividends ar	nd interest from sec	curities				14	7,020	
5	Net rental in	come or (loss) fron	n real estate						
	a Debt-fina	anced property							
	b Not debt	t-financed property			_				
6	Net rental in	come or (loss) fron	n personal property						
7	Other invest	ment income					1		
8	Gain or (loss	s) from sales of ass	sets other than invento	ory					198,963
		or (loss) from spec							
	•	or (loss) from sales	•	<u></u>	_		1		
11	Other reven	ue a			_		1		
					_		1		
	d				\perp				
	e								
		d columns (b), (d),					0	7,024	198,963
		ne 12, columns (b)						13	205,987
			ns to verify calculation			nt of Evanont I			
	Part XVI-B			to the Accomplish					·
	Line No. ▼			ich income is reported i tempt purposes (other t					no \
_	3		INVESTMENT		iiaii L	y providing failes i	or such pur	poses) (See instruction	115)
	4		INVESTMENT						
_	8		INVESTMENT						
_									
			•	······································					· -
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									444 DE

Part)	(VII	Information Reg Exempt Organiz		ransfers To an	nd Transaction	ns and Relations	ships Wi	th Nonchar	itable		
1 Did	the ora	anization directly or inc		ge in any of the fo	llowing with any	other organization des	cribed			Yes	No
	•	501(c) of the Code (oth			-	•				1.00	1.0
	anizatıo				,	, , , , , , , , , , , , , , , , , , ,					
a Tra	nsfers f	rom the reporting found	dation to a no	oncharitable exem	npt organization o	f					
(1)	Cash								1a(1)		x
(2)	Other a	assets							1a(2)		X
b Oth	er trans	actions									
(1)	Sales	of assets to a noncharit	able exempt	t organization					1b(1)	l1	X
(2)	Purcha	ses of assets from a ne	oncharitable	exempt organizat	ion				1b(2)		X
(3)	Rental	of facilities, equipment	, or other as:	sets					1b(3)		X
(4)	Reimbi	ursement arrangement	S						1b(4)		X
		or loan guarantees							1b(5)	igsquare	X
		nance of services or m							1b(6)		X
	_	facilities, equipment, m	-						1c		X
		er to any of the above									
		goods, other assets,									
(a) Lin		y transaction or sharing (b) Amount involved		ent, Snow in column ne of noncharitable exem							
N/A	10	(b) Allount involved	(C) Nam	le of Horiciantable exem	ipt organization	(a) Description	or transfers, tra	ansactions, and sha	ring arrangeme	nts	
11/11						<u></u>					
											
								· ·			
					<u> </u>						
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		-									_
		<u> </u>				L					
		dation directly or indired n section 501(c) of the					}			T	ગ
		mplete the following so	· -	than section 50 i(c)(3)) of in section	11 527 7			Y	2S A	NO
D II		(a) Name of organization	nedule	(b) Type of	organization		(c) Descrip	tion of relationship			
N/2				(=, -,,,-	<u></u>		(0) 2000.19	tion of relationship			
							_		-		
									-		
									•		
	Under pe	nalties of perjury, I declare than complete Declaration of	nat I have exami	ined this return, includir	ng accompanying sch	edules and statements, and	to the best of	my knowledge and	belief, it is true	∍,	
	COTTCCI, a	and complete Deciaration of	preparer (other	man taxpayer) is baset		willou preparer has any kilo	wiedge	May the IR	RS discuss this r	etum	
Sign		0 1/	7 1		1			with the project (see instru	eparer shown b		٦ ,,,
Here			/ <i>`</i> //	1	W	_ _ ,		(see insul	icuoris) /	Yes	No
	_	c. wa	ut.	Januel	O 7.	-28-15	PRES	IDENT			
	Sign	nature of officer or trustee	<u> </u>		Date		Title		_		
	Print/T	ype preparer's name			Preparer's signatu	re		[Date	Check	nf
Paid					10 4	. 2 .	,	_	7/- 1	self-em	
Preparer		MARIE BACHMAN			Un ma	ru pachn	ran		7/22/15		
Use Only	Firm's	name ► THOMS				OMPANY			P00090		
	Firm's			TAL CIR N					20-225		
	TALLAHASSEE, FL 32308-3736					Phone no	<u> 350-38</u>	<u>5−</u> 7	<u>44</u>		

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.

OMB No 1545-0047

▶ 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

THE FONVIELLE	FOUNDATION, INC.	59-3569084
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)(7) instructions	overed by the General Rule or a Special Rule . , (8), or (10) organization can check boxes for both the General Rule and a Special Rule	See
General Rule		
	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5 property) from any one contributor. Complete Parts I and II. See instructions for determinal ributions.	
Special Rules		
regulations under secti 13, 16a, or 16b, and th	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test ions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part at received from any one contributor, during the year, total contributions of the greater of amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I	t II, line f (1)
contributor, during the	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any year, total contributions of more than \$1,000 exclusively for religious, charitable, scientification purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and	rīc,
contributor, during the contributions totaled moduring the year for an experience of the contributions of the cont	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any year, contributions exclusively for religious, charitable, etc., purposes, but no such hore than \$1,000. If this box is checked, enter here the total contributions that were receivexclusively religious, charitable, etc., purpose. Do not complete any of the parts unless to this organization because it received nonexclusively religious, charitable, etc., contributed during the year.	ved he
Caution. An organization that 990-EZ, or 990-PF), but it mus	is not covered by the General Rule and/or the Special Rules does not file Schedule B (F st answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 9 certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or	form 990, 990-EZ or on its

Name of organization
THE FONVIELLE FOUNDATION, INC.

Employer identification number
59-3569084

Part I	Contributors (see instructions). Use duplicate	e copies of Part I if additional space is ne	eded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	C DAVID FONVIELLE, III TRUST 10800 MCCRACKEN RD. TALLAHASSEE FL 323	s 72,685	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, address, and an 14	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization
THE FONVIELLE FOUNDATION, INC.

Employer identification number
59-3569084

Part II	Noncash Property (see instructions). Use duplication	ate copies of Part II if additional spa	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	EQUITY SECURITIES		
		\$ 72,685	12/23/14
(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
		\$	

Page 1 7/2/2015 12:18 PM 4 29,526 10,792 Charitable Charitable Charitable Purpose Purpose Purpose Fair Market Ś Statement 4 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments Valuation Adjusted Net Basis of Adjusted Adjusted Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees Statement 3 - Form 990-PF, Part I, Line 23 - Other Expenses ⟨C} Ś Ś Statement 2 - Form 990-PF, Part I, Line 18 - Taxes 5,755 26,538 End of 2,582 500 500 264 264 Year 2,582 Investment Investment Investment **Federal Statements** Set Set Ś Ś Ś S 109 30,040 8,496 2,059 Beginning oř Year 1,000 2,582 264 264 1,000 2,582 Total Total Total 2000037 THE FONVIELLE FOUNDATION, INC. THOMSON BROCK LUGER & CO - ACCOU - 0 SHS CAPITAL CITY BANK - 1,900 SHS CBS CORP - 0 SHS AMEX TECH SELECT - 261 SHS CHIPOTLE MEXICAN GRILL - (COLGATE PALMOLIVE - 0 SHS Description BROKER SERVICE FEES Description Description Description BIOGEN IDEC INC -FYE: 12/31/2014 TOTAL 59-3569084 TOTAL TOTAL EXPENSES TAXES

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59-3569084 FYE: 12/31/2014

Federal Statements

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Statement 4 - Form 990-P	F, Part II, Line 10b - C	PF, Part II, Line 10b - Corporate Stock Investments (continued)	ments (continue	(g
Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
ER DISCRETIONARY NG GLOBAL SHARES IR EXCHANGE 115 IR ISE CLOUD 248	, 07	\$ 35,456 5,066 6,826 6,705		\$ 41,703 4,840 7,052 7,056
SCIENCES CARE SEI EPOT INC	34,645	35,491		46,772
I ЫЫ =	07,	1,036 15,471		1,862 15,370
GLOBAI MSCI I NASDA(10,951	447 74,037 7,495		541 69,540 10,011
S S&P SMALL CAP 600 - 18 SH ALS SELECT - 12 SHS OFT CORP - 0 SHS TO CO NEW DEL - 0 SHS INC - 0 SHS INC COM INC - 0 SHS	25 25 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	875 342		2,203
PFD INDEX CONSUMERS ENERGY - FINANCIAL INDUSTRIA UTILITIES KS CORP -	4,931 1,510 5,439 14,367 5,810 4,466 18,092 21,721	3,192 3,446 24,565 4,169 2,381		6,255 4,750 26,387 8,544 3,447
TJX COS INC - 0 SHS VANGUARD CONSUMER - 191 SHS VANGUARD ENERGY - 336 SHS VANGUARD INDUSTRIAL - 509 SHS VANGUARD INFORMATIONAL - 526 SHS VANGUARD MATERIALS - 83 SHS VISA INC CLASS A - 0 SHS WYNN RESORTS - 0 SHS	6,02 7,28 5,55	21,008 41,313 50,789 46,763 8,580		23,921 37,504 54,371 54,956 8,913

THE FONVIELLE FOUNDATION, INC.	
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Federal Statements

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> 59-3569084 FYE: 12/31/2014

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Fair Market Value	\$ 476,899
Basis of Valuation	
End of Year	\$ 427,746
Beginning of Year	\$ 353,125
Description	TOTAL

2000037 THE FONVIELLE FOUNDATION, INC.
59-3569084 Federal Statements

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FYE: 12/31/2014

Statement 5 - Form 990-PF, Part III, Line 5 - Other Decreases

Description	Amount
CORRECTION TO PRIOR YEAR CONTRIBUTIONS	\$ 149,646
TOTAL	\$ 149,646

2000037 THE FONVIELLE FOUNDATION, INC. 59-3569084 FYE: 12/31/2014

Federal Statements

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Statement 6 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributors

Name					
	Address		City	City, State, Zip	
C. DAVID FONVIELLE	10800 MCCRACKEN ROAD	TALLA	TALLAHASSEE FL 32309		
Staten	Statement 7 - Form 990-PF, Part VIII, Lir	ne 1 - List of O	rt VIII, Line 1 - List of Officers, Directors, Trustees, Etc.	rustees, Etc.	
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
C. DAVID FONVIELLE 10800 MCCRACKEN ROAD TALLAHASSEE FL 32309	PRESIDENT, D		0	0	0
DEBORAH K. FONVIELLE 10800 MCCRACKEN ROAD TALLAHASSEE FL 32309	V-P, SEC-TRE	1.00	0	0	0
C. CAULLEY SOTO 1969 CHATSWORTH WAY TALLAHASSEE FL 32309	DIRECTOR	0.00	0	0	0
JORDAN FONVIELLE ANTOHI 4825 HIGH GROVE ROAD TALLAHASSEE FL 32309	DIRECTOR	0.00	0	0	0
JOSEPH C. SOTO 1969 CHATSWORTH WAY TALLAHASSEE FL 32309	DIRECTOR	0.00	0	0	0
ANDREI ANTOHI 4825 HIGH GROVE ROAD TALLAHASSEE FL 32309	DIRECTOR	0.00	0	0	0

2000037 THE FONVIELLE FOUNDATION, INC.
59-3569084 Federal Statements

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<u>Form 990-PF, Part XV</u>	<u>, Line 1a - Manac</u>	gers Who Contribute	ed Over 2% or \$5,000

Name of Manager		Amount
C. DAVID FONVIELLE	\$	120,749
TOTAL	\$	120,749
Statement 8 - Form 990-PF, Part XV, Line 2b - App	lication Format	and Required Contents
Description		
LETTER OUTLINING PROPOSED USE OF FUNDS, HISTON ORGANIZATION, MEMBERS OF BOARD OF DIRECTORS, A IRS EXEMPTION LETTER, IF NOT NATIONALLY RECOGN ORGANIZATION.	AND COPY OF	
	Submission Dea	dlines
Form 990-PF, Part XV, Line 2c - 9		
Form 990-PF, Part XV, Line 2c - S Description		

Description

NONE

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Federal Statements

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2000037 THE FONVIELLE FOUNDATION, INC. 59-3569084 FYE: 12/31/2014

Statement 9 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

Name		Address			
Address	ፚ	Relationship Status		Purpose	Amount
ST. JOHN'S EPISCOPAL CHUR		211 N. MONROE ST.			
TALLAHASSEE FL 32301	N/A	PUBLIC	UNRESTRICTED -	RELIGIOUS ORG.	8,000
ST. PETER'S ANGLICAN CHUR		901 THOMASVILLE RD			
TALLAHASSEE FL 32303	N/A		UNRESTRICTED -	RELIGIOUS ORG.	22,565
HOLY COMFORTER EPISCOPAL		2001 FLEISCHMANN RD			
TALLAHASSEE FL 32308	N/A	PUBLIC	UNRESTRICTED -	EDUCATIONAL INST.	2,000
TALLAHASSEE MEMORIAL HOSP		1331 E SIXTH AVE			_
TALLAHASSEE FL 32308	N/A	PUBLIC	UNRESTRICTED -	FUNDRAISING SUPPORT	2,892
BIG DOG RESCUE		9019 RESHARD LN.			
TALLAHASSEE FL 32309	N/A	PUBLIC	UNRESTRICTED -	TO RESCUE ABUSED DOGS	350
YOUNG LIFE		420 N CASCADE AVE			
COLORADO SPRINGS CO 80903	N/A	PUBLIC	UNRESTRICTED -	HELP YOUTH GROW FAITH	522
MDA		1574-B VILLAGE SQUARE	BLV		
TALLAHASSEE FL 32309	N/A	PUBLIC	UNRESTRICTED -	FIGHT MUSCLE DISEASE	100
BIG BEND HOSPICE		1723 MAHAN CENTER BLVD	Q.		
TALLAHASSEE FL 32308	N/A	PUBLIC	UNRESTRICTED -	HELP TERMINALLY ILL	100
PERKINS INSTITUTE		175 NORTH BEACON ST			
WATERTOWN MA 02472	N/A	PUBLIC	UNRESTRICTED -	FOR THE BLIND	100
MAYO CLINIC		4500 SAN PABLO RD			
JACKSONVILLE FL 32224	N/A	PUBLIC	UNRESTRICTED -	HEALTH AND WELLNESS	100
ASHBB		4446 ENTREPOT BOULEVAR	IRD		
TALLAHASSEE FL 32310	N/A	PUBLIC	UNRESTRICTED -	FIGHTING HUNGER	2,500
ARK		3686 WOODVILLE HWY			
TALLAHASSEE FL 32305	N/A	PUBLIC	UNRESTRICTED -	PET ADOPTION	100
FSU COLLEGE OF LAW		425 W JEFFERSON ST			
TALLAHASSEE FL 32301	N/A	PUBLIC	UNRESTRICTED -	EDUCATIONAL	7,500
MARCH OF DIMES		1990 VILLAGE GREEN WAY	X #3		
TALLAHASSEE FL 32308	N/A	PUBLIC	UNRESTRICTED -	IMPROVE BIRTH OUTCOME	200
TOTAL					47,329

2000037 06/25/2015 1 55 PM Pg 2 Form **8868**

(Rev January 2014)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

'you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

if you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

Do not comp	olete Part II unless you have already been granted a	n automatic :	3-month extension on a previo	ously filed Form 88	68		
Electronic fil	ling (e-file). You can electronically file Form 8868 if y	ou need a 3-	-month automatic extension o	f time to file (6 moi	nths for		
	required to file Form 990-T), or an additional (not aut						
8868 to reque	est an extension of time to file any of the forms listed	in Part I or P	art II with the exception of Fo	rm 8870, Informati	on		
Return for Tra	ansfers Associated With Certain Personal Benefit Cor	ntracts, which	h must be sent to the IRS in p	aper format (see			
instructions)	For more details on the electronic filing of this form, v	risit www irs	gov/efile and click on e-file fo	Charities & Nonp	rofits		
Part I	Automatic 3-Month Extension of Time	. Only sub	omit original (no copies r	needed).			
A corporation	required to file Form 990-T and requesting an autom	atic 6-month	extension – check this box a	nd complete			
Part I only						▶ 📋	
All other corp	orations (including 1120-C filers), partnerships, REMI	Cs, and trus	ts must use Form 7004 to red	uest an extension	of time	<u> </u>	
to file income	tax returns						
			E	nter filer's identify	ing numbe	r, see instructions	
Type or Name of exempt organization or other filer, see instructi			Employer identification number (EIN) o			er (EIN) or	
print							
File by the	THE FONVIELLE FOUNDATION, INC. 59-3			<u>59-356908</u>	3569084		
	Number, street, and room or suite no. If a P.O. box, see instructions 10800 MCCRACKEN ROAD Social see			Social security ni	ecurity number (SSN)		
due date for	City, town or post office, state, and ZIP code. For a foreign address, see instructions						
filing your return See							
instructions	TALLAHASSEE FI	32309)				
Enter the Ret	turn code for the return that this application is for (file	a separate a	pplication for each return)			04	
Application			Application			Return	
⊂or		Code	Is For			Code	
crm 990 or Form 990-EZ		01	Form 990-T (corporation)			07	
Form 990-BL		02	Form 1041-A			08	
Form 4720 (individual)		03	Form 4720 (other than individual)			09	
Form 990-PF		04	Form 5227			10	
Form 990-T (sec 401(a) or 408(a) trust)		05	Form 6069			11	
Form 990-T (trust other than above)		06	Form 8870			12	
	C. DAVID FONVIELLE						
	10800 MCCRACKEN ROAD						
 The books 	are in the care of ▶ TALLAHASSEE				FL	32309	
Telephon	ne No ▶ 850-422-7773	FAX No	▶				
If the org.	anization does not have an office or place of business	s in the Unite	ed States, check this box			▶ [_]	
 If this is f 	or a Group Return, enter the organization's four digit	Group Exem	ption Number (GEN)	If this is			
for the whole	group, check this box If it is for part o	f the group,	check this box	and attach			
	names and EINs of all members the extension is for.			<u> </u>			
	st an automatic 3-month (6 months for a corporation						
until C	$08/15/15^{\circ}$, to file the exempt organization retu	rn for the or	ganization named above. The	extension is			
for the organization's return for							
► X	calendar year 2014 or						
. —							
▶ [_]	tax year beginning , and ending		<u></u>				
2 If the ta	ax year entered in line 1 is for less than 12 months, ch	neck reason	Initial return Fi	nal return			
	Change in accounting period			··· ··································			
	us application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any						
	undable credits. See instructions.		3a	\$	4,000		
If this application is for Forms 990-PF, 990-T, 4720, or 6069,						_	
	estimated tax payments made Include any prior year overpayment allowed as a credit 3b \$				0		
	te due. Subtract line 3b from line 3a Include your pay		nis form, if required, by using			4 000	
	(Electronic Federal Tax Payment System) See instr		0000 5 0455 50 15	3c		4,000	
Caution. If you	are going to make an electronic funds withdrawal (direct debi	it) with this For	<u>m 8868, see Form 8453-EO and F</u>	orm 8879-EO for pay	ment instruction	ons	