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Department of the Treasury

Internal Revenue Service

DLN: 93491222007396

OMB No 1545-0052

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

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its instructions is at $\underline{www.irs.gov/form990pf}$.

Open to Public Inspection

For	caler	ndar year 2015, or tax y	ear beginning 01-0	1-2015	, and ending 1	2-31-2015	
	e of four	ndation DINGS FOUNDATION INC			A Employer id	entification numbe	er
DI-	LO HOLD	JINGS FOUNDATION INC			59-0995428		
Num	ber and	street (or P O box number if mail is r	not delivered to street address	Room/suite	B Telephone nu	s)	
		INENCE PARKWAY NO 200	,		(904) 783-559)	
Cıtv	or town	state or province, country, and ZIP or	r foreign postal code		C If exemption	application is pendin	g, check here 🕨
		E, FL 32256	Toreign postar code			аррионни по решани	g, silesik ilele p
G Ch	neck all	that apply Initial return	Initial return of a fo	ormer public charity	D4 Farrage		
		Final return	A mended return	,	1 1	rganizations, check h	•
		Address chang	·		test, ched	rganizations meeting ck here and attach co	mputation
		pe of organization				undation status was t n 507(b)(1)(A), chec	
		t value of all assets at end	J Accounting method		F If the found	ation is in a 60-mont	h termination
		rom Part II, col. (c),	Other (specify)	he on cash hasis)	under sectio	n 507(b)(1)(B), ched	ck here
		\$ 1,275,691		I		1	T .
Ра	rt I	Analysis of Revenue a (The total of amounts in columns (necessarily equal the amounts in co	b), (c), and (d) may not	Revenue and expenses per	Net investment (b) income	Adjusted net (c) income	Disbursements for charitable purposes
		ınstructions) j		(a) books			(d) (cash basis only)
	1	Contributions, gifts, grants, e					
	_	schedule)		2,972,101			
	2	Check F If the foundation	is not required to attach				
	_	Sch B		460	460		
	3	Interest on savings and temp	•	469	469		-
	4 5a	Dividends and interest from s Gross rents	ecunities				-
	b	Net rental income or (loss)					
Ф	6a	Net gain or (loss) from sale of					
Revenue	b	Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2)					
	7				(
	8	Net short-term capital gain .					
	9	Income modifications					_
	10a	Gross sales less returns and	1				
		allowances					
	b	Less Cost of goods sold					
	С	Gross profit or (loss) (attach	schedule)				
	11	Other income (attach schedu	le)				
	12	Total. Add lines 1 through 11		2,972,570	469		
	13	Compensation of officers, dire		0	0		0
	14	O ther employee salaries and					
ě.	15	Pension plans, employee ben					
ě.	16a	Legal fees (attach schedule).		050			
Expenses	b	Accounting fees (attach sche					0
	c	Other professional fees (attac		503	0		0
e E	17	Interest					
ξ	18	Taxes (attach schedule) (see	· ·				
틸	19	Depreciation (attach schedul					
Administrative	20	Occupancy					
and	21	Travel, conferences, and mee				1	
	22	Printing and publications Other expenses (attach sche		% 522	0	 	0
Operating		Total operating and administ	•	322	l		
Ф.	24	Add lines 13 through 23		4,525	0		0
ô	25	Contributions, gifts, grants pa		2,148,041			2,148,041
	26	Total expenses and disbursen					_,1.3,311
		25	ments.Aud IIIIes 24 dilla	2,152,566	0		2,148,041
	27	Subtract line 26 from line 12					
	a	Excess of revenue over exper		820,004			
	ь	Net investment income (if neg			469		
	l c	Adjusted net income(if negat	ıve, enter -0 -)				

Par	t II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End o (b) Book Value	
\equiv	1	Cash—non-interest-bearing	(a) Book Value 454,073		(c) Fair Market Value 1,274,077
	2	Savings and temporary cash investments	101,010	=,=,	
	3	Accounts receivable			
	,	Less allowance for doubtful accounts			
	4	Pledges receivable -			
	_	Less allowance for doubtful accounts -			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	Ū	disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
	•	Less allowance for doubtful accounts			
	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
ŠΙ.	10a	Investments—U S and state government obligations (attach			
٦	104	schedule)			
	b	Investments—corporate stock (attach schedule)			
	C	Investments—corporate bonds (attach schedule)	900	900	900
	11	Investments—land, buildings, and equipment basis 🕨			
		Less accumulated depreciation (attach schedule) 🟲			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis 🟲			
		Less accumulated depreciation (attach schedule) 🟲			
	15	O ther assets (describe 🟲)	714	714	714
	16	Total assets (to be completed by all filers—see the			
\bot		ınstructions Also, see page 1, item I)	455,687	1,275,691	1,275,691
	17	Accounts payable and accrued expenses			
	18	Grants payable			
Ě	19	Deferred revenue			
abilities	20	Loans from officers, directors, trustees, and other disqualified persons			
Γa	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe 🟲)			
\perp	23	Total liabilities(add lines 17 through 22)	0	0	
J.		Foundations that follow SFAS 117, check here 🕨 🦵			
Ð		and complete lines 24 through 26 and lines 30 and 31.			
Balance	24	Unrestricted			
Ba	25	Temporarily restricted			
Fund	26	Permanently restricted			
리		Foundations that do not follow SFAS 117, check here 🕨 🔽			
٥		and complete lines 27 through 31.			
왍	27	Capital stock, trust principal, or current funds	0	0	
- O	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	29	Retained earnings, accumulated income, endowment, or other funds	455,687		
Ř	30	Total net assets or fund balances (see instructions)	455,687	1,275,691	
	31	Total liabilities and net assets/fund balances (see instructions)	455,687	1,275,691	
Pai	rt 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 a	gree	
		with end-of-year figure reported on prior year's return)		1	455,687
2		Enter amount from Part I, line 27a		2	820,004
3		Other increases not included in line 2 (itemize)		3	0
4		Add lines 1, 2, and 3		4	1,275,691
5		Decreases not included in line 2 (itemize) ▶		5	0
6		Total net assets or fund balances at end of year (line 4 minus line 5)—	Part II column (b) I	ine 30 . 6	1.275.691

	the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs	MICCO	How acquired P—Purchase b) D—Donation	יט ן	ate acquired no , day, yr)	Date sold (d) (mo , day, yr)
1a						
b						
c						
d						
e						
(e) Gross sales price	Depreciation allowed (f) (or allowable)	II.	other basis pense of sale			or (loss) (f) minus (g)
a						
b						
C						
d				+		
e				+-		
			- 12/21/60		- (0.1	71.3
Complete only for assets	showing gain in column (h) and owne Adjusted basis		s of col (1)	٦ ا	•	(h) gain minus ot less than -0-) or
(i) F M V as of 12/31/69	(j) as of 12/31/69	II.	ol (j), if any	(1)		(from col (h))
a						
b						
c						
d	- 					
				+		
e		If gain, also enter in l		+	1	
3 Net short-term capit If gain, also enter in in Part I, line 8 .	al gain or (loss) as defined in section Part I, line 8, column (c) (see instruc	ctions) If (loss), ente	r-0- }	3		
	Under Section 4940(e) for Reprivate foundations subject to the se					
If section 4940(d)(2) applies,	leave this part blank				e)	
	ne section 4942 tax on the distributa not qualify under section 4940(e) Do			riod?		Γ Yes Γ No
$oldsymbol{1}$ Enter the appropriate amo	ount in each column for each year, se	ee instructions before	making any ent	ıes		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitat	ole-use assets	((d) Distributio (col (b) divideo	n ratio
2014	3,584,085		2,255,130		. ,	1 589303
2013	4,228,223		2,003,321			2 110607
2012	1,157,646		679,676			1 703232
2011	1,071,810		702,766			1 525131
2010	1,160,000		768,513			1 509408
2 Totalof line 1, colum	n (d)			2		8 437681
the number of years	ratio for the 5-year base period—div the foundation has been in existence	e if less than 5 years	· · · · <u>L</u>	3		1 687536
4 Enter the net value o	f noncharitable-use assets for 2015	from Part X, line 5.		4		2,167,446
5 Multiply line 4 by line	e 3		[5		3,657,643
6 Enter 1% of net inve	stment income (1% of Part I, line 27	7b)		6		5
7 Add lines 5 and 6.				7		3,657,648

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

2,148,041

8

L CI	Excise Tax based on Investment Income (Section 4940(a), 4940(b), 49	7 7 0(e),	UI 4340—SE	e pag	C 10 01	the ins	LIUCLIC	115)	
1a				1					
	and enter "N/A" on line 1 Date of ruling or determination letter			Į					
	(attach copy of letter if necessary-see instructions)			- 1					
b	Domestic foundations that meet the section 4940(e) requirements in Part V ,	check			1				9
	here ► ┌ and enter 1% of Part I, line 27b			'					
C	All other domestic foundations enter 2% of line $27b$ Exempt foreign organiza Part I, line 12 , col (b)	itions e	enter 4% of						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foun enter $-0-$)	dation	s only Othe	ers	2				0
3								9	
4	Subtitle A (income) tax (domestic section $4947(a)(1)$ trusts and taxable four enter -0-)			ers	4				0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, en	nter - 0		•	5				9
6	Credits/Payments	1	ı			ı			
а	2015 estimated tax payments and 2014 overpayment credited to 2015	6a		694					
b	Exempt foreign organizations—tax withheld at source	6b							
C	Tax paid with application for extension of time to file (Form 8868)	6c							
d	Backup withholding erroneously withheld	6d							
7	Total credits and payments Add lines 6a through 6d				7				694
8	Enter any penalty for underpayment of estimated tax Check here if Form 2				8				
9	Tax due.If the total of lines 5 and 8 is more than line 7, enter amount owed .				9				
10	Overpayment.If line 7 is more than the total of lines 5 and 8, enter the amount			•	10				685
11	Enter the amount of line 10 to be Credited to 2015 estimated tax	685	Refunded		11				0
	t VII-A Statements Regarding Activities								
1a	During the tax year, did the foundation attempt to influence any national, state	, or loc	al legislatio	n or d	ıd			Yes	No
	it participate or intervene in any political campaign?						1a	\vdash	No
b	Did it spend more than \$100 during the year (either directly or indirectly) for p			see Ir	ıstructı	ions	۱		
	for definition)?					•	1b		No
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities	ana co	pies of any r	materia	iis				
_	published or distributed by the foundation in connection with the activities. Did the foundation file Form 1120-POL for this year?						10		No
	Enter the amount (if any) of tax on political expenditures (section 4955) impos	• •			• •	•	1c		No
a	(1) On the foundation \Rightarrow \$ 0 (2) On foundation managers			0					
e	Enter the reimbursement (if any) paid by the foundation during the year for political forms.				need				
-	on foundation managers \blacktriangleright \$0	tical e.	xpendicule c	.ax 1111 ₁	Joseu				
2	Has the foundation engaged in any activities that have not previously been rep	orted	to the IRS?				2		No
	If "Yes," attach a detailed description of the activities.	ortea	to the 1N5	• •	• •				
3	Has the foundation made any changes, not previously reported to the IRS, in it	s anve	rnina instrii	ment	article	c			
•	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a confe	_	_	-			3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more di						4a		No
ь	If "Yes," has it filed a tax return on Form 990-T for this year?						4b	\vdash	
5	Was there a liquidation, termination, dissolution, or substantial contraction dur						-		No
_	If "Yes," attach the statement required by General Instruction T.	y	. ,						
6	Are the requirements of section 508(e) (relating to sections 4941 through 494	45)sa	tisfied eithe	r					
	By language in the governing instrument, or								
	By state legislation that effectively amends the governing instrument so the								
	that conflict with the state law remain in the governing instrument?						6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? and Part XV	oIf "Yes	s," complete	Part II	, col. (c	·), 	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (s	see ins	tructions)						
	▶ FL								
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 99								
	General (or designate) of each state as required by General Instruction G? If "						8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the n		_						
	or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (so	ee inst	ructions for	Part >	(IV)?				
4.5	If "Yes," complete Part XIV						9	\longmapsto	No
10	Did any persons become substantial contributors during the tax year? If "Yes,"			_					
	and addresses.						10	1 1	No

Par	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		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ►N/A		•	
14	The books are in care of ►THE ORGANIZATION Telephone no ►(904	1783	-5599	
	Located at ▶8928 PROMINENCE PARKWAY STE 200 JACKSONVILLE FL ZIP+4 ▶32256	7.00		
			<u> </u>	
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			
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over		Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial			
	Accounts (FBAR) If "Yes", enter the name of the foreign country 🟲			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
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 V No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)?			
	(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 V No			
Ь	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)?	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 2015?	1c		No
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 2015, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2015?			
b	If "Yes," list the years > 20, 20, 20, 20 Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
D	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement—see instructions)	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			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
Ju	any time during the year?			
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation			
-	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			
	if the foundation had excess business holdings in 2015.).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	1	No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
-	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		No

Fel	Lt ATT-B	Statements Rega	arding Activities to	r vvr	iich Form 4/20	мау	, ве кедигеа (<i>com</i>	inue	1)	
5a	During the	year did the foundation	n pay or incur any amoui	nt to						
	(1) Carry	on propaganda, or othe	rwise attempt to influenc	e leg	ııslatıon (sectıon 49	45(e)) [?]	No		
	(2) Influer	nce the outcome of any	specific public election	(see	section 4955), or to	car	ry			
	on, dir	ectly or indirectly, any	voter registration drive?				\ Yes \	No No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?								No No		
	(4) Provid	e a grant to an organiza	ation other than a charita	able,	etc , organization de	scrib	ped			
	ın sect	tion 4945(d)(4)(A)? (se	ee instructions)				\ \ Yes \	√ No		
	(5) Provid	e for any purpose other	r than religious, charitab	le, sc	ientific, literary, or					
	educat	tional purposes, or for t	the prevention of cruelty	to ch	ıldren or anımals?.		Г Yes Г	√ No		
b	If any ans	werıs "Yes" to 5a(1)–((5), did any of the transac	tions	s fail to qualify under	r the	exceptions described in			
	Regulation	ns section 53 4945 or i	ın a current notice regar	ding o	disaster assistance	(see	instructions)?		5b	
	O rganızatı	ions relying on a curren	nt notice regarding disas	teras	ssistance check her	e		-		
С	If the ansv	wer is "Yes" to questior	n 5a(4), does the founda	tion c	laım exemption fron	n the				
	tax becaus	se it maintained expend	diture responsibility for t	he gr	ant?		T Yes 「	- No		
	If "Yes," at	tach the statement requ	ured by Regulations section	on 53.	.4945-5(d).					
6a	Did the fou	undation, during the yea	ar, receive any funds, dir	ectly	or indirectly, to pay	prer	miums on			
	a personal	l benefit contract?					Yes	√ No		
b	Did the fou	undation, during the yea	ar, pay premiums, direct	y or i	ndirectly, on a perso	onal	benefit contract?		6b	No
	If "Yes" to	6b, file Form 8870.								
7a	At any tım	e during the tax year, v	was the foundation a part	y to a	a prohibited tax shel	lter t	ransaction? Yes	- No		
b	If yes, dıd	the foundation receive	any proceeds or have a	ny ne	t income attributabl	e to t	the transaction?		7b	
_		Information Abou	t Officers, Director	s, T	rustees, Founda	atio	n Managers, Highly	Paid	Emp	loyees,
		and Contractors	-		-					
1	List all offi	cers, directors, trustee	s, foundation managers	and t	heir compensation (see i		I		
			Title, and average	(c)	Compensation(If		(d) Contributions to		ynens	e account,
	(a) Nam	ne and address	hours per week (b) devoted to position		not paid, enter -0-)	е	mployee benefit plans			llowances
			(b) devoted to position	<u> </u>	-0-)	and	deferred compensation			
See	Additional E	Data Table								
2	Compensat	ion of five highest-paid	d employees (other than	thos	e included on line 1-	-see	instructions). If none, e	nter "N	IONE."	
		(a)	Title, and ave	rane			Contributions to			
Nar	ne and addr	ress of each employee ;			(c) Compensation	on	employee benefit plans and deferred		•	e account,
	more	e than \$50,000	(b) devoted to pos	ition			(d) compensation	(e) (otner a	llowances
NON	IE									
								<u> </u>		
Int-	I number of	other amployage haid o	AVAR & EA AAA					1		^

	(see instructions). If none, enter "NO!	VE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	、	
otal number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
st the foundation's four largest direct charitable activities during the tax year Include re rganizations and other beneficiaries served, conferences convened, research papers pro		er of Expenses
1	udeed, etc	
2		
3		
4		
Part IX-B Summary of Program-Related Investments	•	
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during	•	Amount
Part IX-B Summary of Program-Related Investments	•	A mount
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during	•	Amount
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during	•	A mount
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during 1	•	A mount
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during 1 2	•	Amount
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during 1 2 All other program-related investments See instructions	•	Amount
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during 1 2	•	Amount

Part X Minimum Investment Return

Pa	(All domestic foundations must complete this part. Foreign foundations, see instruction	ıs.)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,		
	purposes		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	2,200,453
c	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	2,200,453
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	2,200,453
4	Cash deemed held for charitable activities $$ Enter 1 $$ 1/2 $$ % of line 3 (for greater amount, see		
	ınstructions)	4	33,007
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	2,167,446
6	Minimum investment return. Enter 5% of line 5	6	108,372
Pai	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certification check here ► □ and do not complete this part.)	rtaın f	oreign organizations
1	Mınımum ınvestment return from Part X, line 6	1	108,372
2a	Tax on investment income for 2015 from Part VI, line 5 2a 9		
b	Income tax for 2015 (This does not include the tax from Part VI) 2b		
С	Add lines 2a and 2b	2c	9
3	Distributable amount before adjustments Subtract line 2c from line 1	3	108,363
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	108,363
6	Deduction from distributable amount (see instructions)	6	0
7	Distributable amountas adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	108,363
Par 1	Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	2,148,041
	Program-related investments—total from Part IX-B	1b	2,140,041
	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		
a	Suitability test (prior IRS approval required)	3a	
		3b	
ь 4	Cash distribution test (attach the required schedule)	4	2,148,041
4 5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	H	2,140,041
3		5	0
6	Income Enter 1% of Part I, line 27b (see instructions)	6	
6	Adjusted qualifying distributions. Subtract line 5 from line 4		2,148,041 foundation qualifies for
	the section 4940(e) reduction of tax in those years	.c. tile	Tournaucion quannes 101

P	art XIII Undistributed Income (see	instructions)			
		(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1	Distributable amount for 2015 from Part XI, line	2 7			108,363
2	Undistributed income, if any, as of the end of 20	15			
	Enter amount for 2014 only			0	
ь	Total for prior years 20, 20, 20		0		
3	Excess distributions carryover, if any, to 2015				
a		1,587			
b	From 2011 1,036				
	From 2012	3,664			
	From 2013 4,128	8,067			
	From 2014 3,47:	1,341			
	Total of lines 3a through e	10,881,331			
	Qualifying distributions for 2015 from Part				
	XII, line 4 🕨 \$ 2,148,041				
а	Applied to 2014, but not more than line 2a			0	
	Applied to undistributed income of prior years		0		
	(Election required—see instructions)				
С	Treated as distributions out of corpus (Election required—see instructions)	0			
d	Applied to 2015 distributable amount				108,363
е	Remaining amount distributed out of corpus	2,039,678			
5	Excess distributions carryover applied to 2015	0			0
	(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:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	12,921,009			
	Prior years' undistributed income Subtract	, ,			
_	line 4b from line 2b		0		
C	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)		0		
	tax has been previously assessed				
a	Subtract line 6c from line 6b Taxable amount—see instructions		0		
е	Undistributed income for 2014 Subtract line				
	4a from line 2a Taxable amount—see			0	
_	Instructions	•			
•	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 ma				
_	be required - see instructions)	•			
8	Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)	1,121,587			
٥	Excess distributions carryover to 2016.	· 			
3	Subtract lines 7 and 8 from line 6a	11,799,422			
10	Analysis of line 9				
	· · · · · · · · · · · · · · · · · · ·	5,672			
		3,664			
		8,067			
d	Excess from 2014 3,47:	1,341			
е	Excess from 2015 2,039	9,678			

	m 990-PF (2015)					Page 10
Ŀ	Part XIV Private Operating Foundat	ions (see ınstru	ictions and Part	VII-A, question	9)	
	If the foundation has received a ruling or detern foundation, and the ruling is effective for 2015,	enter the date of t	he ruling	▶`		
	Check box to indicate whether the organization		ting foundation de	scribed in section	7 4942(j)(3) or	
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part X for each year listed	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
	85% of line 2a					
	Qualifying distributions from Part XII, line 4 for each year listed					
d	A mounts included in line 2c not used directly for active conduct of exempt activities					
e	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)					
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					
	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					
Da	(4) Gross investment income Int XV Supplementary Information (6)	Complete this	nart only if th	e organizatio		r more in
	assets at any time during the	year—see ins	tructions.)	c organization	11 Had \$5,000 0	i more m
1	Information Regarding Foundation Managers:					
а	List any managers of the foundation who have c before the close of any tax year (but only if they					ation
ь	List any managers of the foundation who own 10 ownership of a partnership or other entity) of wh				large portion of the	e
	ownership of a partnership of other entity) of wi	iich the loundation	nas a 10 % or gre	ater interest		
2	Information Regarding Contribution, Grant, Gif	t, Loan, Scholarshi	p, etc., Programs:			
	Check here F if the foundation only makes co	•		-	·	
	unsolicited requests for funds. If the foundation other conditions, complete items 2a, b, c, and c		ts, etc (see instru	ictions) to individ	uais or organizatior	is under
	, ,					
а	The name, address, and telephone number or e	-mail address of th	ne person to whom	applications sho	uld be addressed	
	CHELSEA RHODES					
	8928 PROMINENCE PARKWAY 200 JACKSONVILLE,FL 32256 (904) 783-5599					
	The form in which applications should be subm	itted and informati	on and materials t	hay should includ	Δ	
	THERE ARE FORMAL GUIDELINES AND AN A			•		CLIPPED
	COPES OF THE FOLLOWING MUST BE SUBM	ITTED 1) GRAN	T APPLICATION	2) BOARD LIST	3) GRANT PROPO	SAL
	NARRATIVE 4) IF ANOTHER PROGRAM, A P					
	PROPOSAL 5) ONE COPY OF THE IRS 501(GRANT FUNDING AND THE INSTRUCTIONS					ON FOR
	Any submission deadlines	. J. THE SKANT	. NO. COME NAN	AI		_
_	REQUESTS FOR GIFTS ARE ACCEPTED THR	OUGHT THE YEA	R			
d	Any restrictions or limitations on awards, such			e fields, kinds of ii	nstitutions, or othei	
	factors	•				

THE FOUNDATION'S OBJECTIVE IS TO CONDUCT, OPERATE AND CARRY ON ACTIVITIES TO BENEFIT ONLY PEOPLE IN THE STATES OF ALABAMA, FLORIDA, GEORGIA, LOUISIANA AND MISSISSIPPI THE FOUNDATION MAKES GRANTS TO ONLY LOCAL NON-PROFIT 501(C)(3) ORGANIZATIONS IN THOSE AREAS WHICH FOCUS ON HUNGER, WOMEN AND CHILDREN, HEALTH AND EDUCATION INITIATIVES THE FOUNDATION MAY PUT RESOURCES INTO PROJECTS OF ITS OWN CREATION IN MAKING GRANT DECISIONS, THE FOUNDATION SEEKS TO SUPPORT INITIATIVES THAT FOSTER SIGNIFICANT VALUE WHICH LASTS BEYOND THE FUNDING PERIOD THE FOUNDATION WILL NOT CONSIDER REQUESTS FOR MULTI-YEAR COMMITMENTS, CAPITAL CAMPAIGNS OR GENERAL OPERATING SUPPORT

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
Name and address (home or business) a Paid during the year See Additional Data Table	any loundation manager or substantial contributor	recipient	Contribution	
Total			▶ 3a	2,148,04
b Approved for future payment				

Form 990-PF (2015) Part XVI-A Analysis of Income-Production	ing Activities	 5			Page 1 2
Enter gross amounts unless otherwise indicated		siness income	Excluded by section	512, 513, or 514	(e) Related or exemp
1 Program service revenue	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	function income (See instructions)
a b					
c					
e					
 g Fees and contracts from government agencies 2 Membership dues and assessments. 3 Interest on savings and temporary cash investments. 			14	469	
4 Dividends and interest from securities 5 Net rental income or (loss) from real estate					
a Debt-financed propertyb Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory					
b					
c					
e 12 Subtotal Add columns (b), (d), and (e)		0		469	
13 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify	calculations)			3	469
Line No. Explain below how each activity for wh the accomplishment of the foundation instructions)	ıch ıncome ıs rep	orted in column ((e) of Part XVI-A co	ntributed importa	

Part	XVI		Information Ro Noncharitable					saction	ns and I	Relationships	With			
		rganı	zation directly or i) of the Code (othe	ndırectly (engage	ın any of t	the following wi						Yes	No
		tions?	•			()()	,		,	J ,				
a Tra	nsfer	s from	the reporting foui	ndation to	a nonc	harıtable e	exempt organız	ation of						
(1)	Cas	h										1a(1)		No
(2)	Oth	erass	ets									1a(2)		No
b Oth	ner tra	ansac	tions											
(1)	Sale	sofa	ssets to a noncha	rıtable ex	empt or	ganızatıor	n					1b(1)		No
(2)	Purc	chase	s of assets from a	noncharit	able ex	empt orga	anızatıon					1b(2)		No
(3)	Ren	tal of	facılıtıes, equipme	nt, or othe	erasset	ts						1b(3)		No
(4)	Reir	nburs	ement arrangemer	nts								1b(4)		No
(5)	Loa	ns or l	oan guarantees.									1b(5)		No
(6)	Perfo	rmand	e of services or m	embershi	p or fun	draising s	olicitations					1b(6)		No
c Sha	arıng	of facı	lities, equipment,	mailing lis	ts, oth	er assets,	or paid employ	ees				1c		No
of t	he go iny tra	ods, c ansac	to any of the above other assets, or se tion or sharing arr I Amount involved	rvices giv angement	en by t , show	he reportii in column	ng foundation 1	If the fou If the god	indation r ods, other	eceived less than	n fair marko es receive	et value ed		nts
des	cribe	d in s comp	ion directly or indi ection 501(c) of the plete the following) Name of organization	ne Code (d schedule		an sectioi		ın sectı			otion of relati		es 🔽	No
Sign Here	the	best ormati ****	enalties of perjury, of my knowledge a on of which prepai ***	and belief, rer has an	ıt ıs tru	ıe, correct		Declar			May t May t return with t below	r) is bas he IRS di he prepai	sed on scuss th	all us vn
	1		t/Type preparer's MY BIBBY	name	Prepa	rer's Sıgn	ature	Date		Check if self- employed ▶	PTIN P	004458	391	
Paid Prep Use Only	arei	Firm	n's name ON HUGHES GOO n's address RIDGEFIELD CO			E, NC 28	806	1		Firm's EIN ► 5				

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	Expense account, (e) other allowances
			compensation	
SHARRY CRAMOND	PRESIDENT	0	0	0
5050 EDGEWOOD COURT JACKSONVILLE,FL 32254	1 00			
KENNETH JONES	TREASURER	0	0	0
5050 EDGEWOOD COURT JACKSONVILLE,FL 32254	1 00			
M SANDLIN GRIMM	SECRETARY	0	0	0
5050 EDGEWOOD COURT JACKSONVILLE,FL 32254	1 00			
REBECCA SINCLAIR	DIRECTOR	0	0	0
5050 EDGEWOOD COURT JACKSONVILLE,FL 32254	1 00			
MARK SCATES	DIRECTOR	0	0	0
5050 EDGEWOOD COURT JACKSONVILLE,FL 32254	1 00			

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	A mount
Maine and address (nome or business)	or substantial contributor	'		
a Paid during the year				
ACTION MINISTRIES INC 17 EXECUTIVE PARK DRIVE NE SUITE 540 ATLANTA, GA 30329	NONE	501(C)(3)	OPERATIONAL SUPPORT	5,000
AMERICAN RED CROSS OF NORTHEAST FL 751 RIVERSIDE AVE JACKSONVILLE,FL 32204	NONE	501(C)(3)	OPERATIONAL SUPPORT	300,000
AMERICA'S SECOND HARVEST OF COASTAL GA 2501 PRESIDENT ST SAVANNAH,GA 31404	NONE	501(C)(3)	OPERATIONAL SUPPORT	45,500
BEACHES EMERGENCY ASSISTANCE MINISTRY 850 6TH AVE S 400 JACKSONVILLE,FL 32250	NONE	501(C)(3)	OPERATIONAL SUPPORT	34,440
BOY SCOUTS OF AMERICA - NORTH FLORIDA COU 521 S EDGEWOOD AVENUE JACKSONVILLE,FL 32205	NONE	501(C)(3)	OPERATIONAL SUPPORT	29,500
BOYS & GIRLS CLUB OF CENTRAL FLORIDA 41940 BOY SCOUT RD PAISLEY,FL 32767	NONE	501(C)(3)	OPERATIONAL SUPPORT	38,024
CABARRUS COOPERATIVE CHRISTIAN MINISTRY PO BOX 1717 CONCORD,NC 28026	NONE	501(C)(3)	OPERATIONAL SUPPORT	16,250
CAMILLUS HOUSE INC 336 NW 5TH STREET MIAMI,FL 331281616	NONE	501(C)(3)	OPERATIONAL SUPPORT	3,750
CATHOLIC CHARITIES ARCHDIOCESE OF NOL 1000 HOWARD AVE SUITE 200 NEW ORLEANS,LA 70113	NONE	501(C)(3)	OPERATIONAL SUPPORT	31,200
CATHOLIC CHARITIES OF CENTRAL FL I 1819 NORTH SEMORAN BLVD ORLANDO,FL 32707	NONE	501(C)(3)	OPERATIONAL SUPPORT	32,000
CHARLOTTE RESCUE MISSION 907 W 1ST ST CHARLOTTE,NC 28202	NONE	501(C)(3)	OPERATIONAL SUPPORT	6,500
CHATTAHOOCHEE AREA FOOD BANK 5928 COCA COLA BOULEVARD COLUMBUS, GA 319095531	NONE	501(C)(3)	OPERATIONAL SUPPORT	16,250
CHILDREN'S HARBOR 1 OUR CHILDRENS HWY ALEXANDER CITY, AL 35010	NONE	501(C)(3)	OPERATIONAL SUPPORT	750
CHRISTIANS REACHING OUT TO SOCIETY 301 1ST AVENUE SOUTH LAKE WORTH,FL 33460	NONE	501(C)(3)	OPERATIONAL SUPPORT	32,000
CITY RESCUE MISSION 426 MCDUFF AVE S JACKSONVILLE, FL 32254	NONE	501(C)(3)	OPERATIONAL SUPPORT	30,000
Total			3a	2,148,041

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
a Paid during the year				
COALITION FOR THE HOMELESS OF CENTRAL FL 639 W CENTRAL BLVD ORLANDO,FL 32801	NONE	501(C)(3)	OPERATIONAL SUPPORT	4,000
COMMUNITIES IN SCHOOLS OF FLORIDA 444 APPLEYARD DRIVE TALLAHASSEE,FL 32304	NONE	501(C)(3)	OPERATIONAL SUPPORT	5,000
COMMUNITY CONNECTIONS OF JACKSONVILLE INC 327 DUVAL STREET JACKSONVILLE,FL 32202	NONE	501(C)(3)	OPERATIONAL SUPPORT	2,000
COMMUNITY COOPERATIVE 3429 DR MARTIN LUTHER KING JR BLVD FORT MYERS,FL 33916	NONE	501(C)(3)	OPERATIONAL SUPPORT	9,750
COMMUNITY KITCHEN INC OF MYRTLE BEACH 1411 10TH AVE N MYRTLE BEACH,SC 29577	NONE	501(C)(3)	OPERATIONAL SUPPORT	24,050
COMMUNITY SOUP 8645 W BOYNTON BEACH BLVD BOYNTON BEACH,FL 33472	NONE	501(C)(3)	OPERATIONAL SUPPORT	5,000
COVENANT HOUSE FLORIDA 733 BREAKERS AVENUE FT LAUDERDALE, FL 33304	NONE	501(C)(3)	OPERATIONAL SUPPORT	8,000
CROSSROADS 1700 LAKE IDA ROAD DELRAY BEACH,FL 33445	NONE	501(C)(3)	OPERATIONAL SUPPORT	10,500
CROSSWINDS YOUTH SERVICES INC 1407 DIXON BLVD COCOA BEACH,FL 32992	NONE	501(C)(3)	OPERATIONAL SUPPORT	3,000
ECUMENICAL MINISTRIES INC PO BOX 1103 FAIRHOPE,AL 36533	NONE	501(C)(3)	OPERATIONAL SUPPORT	5,500
EQUIPPING CHILDREN & FAMILIES FOR SUCCES PO BOX 11302 BRADENTON,FL 34282	NONE	501(C)(3)	OPERATIONAL SUPPORT	5,000
FAMILY RESOURCE CENTER OF SOUTH FLORIDA 155 S MIAMI AVE 400 MIAMI,FL 33130	NONE	501(C)(3)	OPERATIONAL SUPPORT	1,000
FARMWORKER ASSOCIATION OF FLORIDA INC 1264 APOPKA BOULEVARD APOPKA,FL 32703	NONE	501(C)(3)	OPERATIONAL SUPPORT	4,000
FEED A HUNGRY CHILD PICKENS CO PO BOX 1573 PICKENS,SC 29671	NONE	501(C)(3)	OPERATIONAL SUPPORT	16,250
FEEDING THE VALLEY 5928 COCA COLA BOULEVARD COLUMBUS,GA 319095531	NONE	501(C)(3)	OPERATIONAL SUPPORT	13,582
Total			▶ 3a	2,148,041

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
FLORIDA KEYS OUTREACH COALITION INC PO BOX 4767 KEY WEST,FL 33041	NONE	501(C)(3)	OPERATIONAL SUPPORT	9,000
FOOD BANK OF EAST ALABAMA 375 INDUSTRY DR AUBURN,AL 36832	NONE	501(C)(3)	OPERATIONAL SUPPORT	28,000
FOOD FOR THOUGHT OUTREACH INC 174 WATERCOLOR WAY STE 103 286 SANTA ROSA BEACH,FL 32459	NONE	501(C)(3)	OPERATIONAL SUPPORT	17,500
FOOD OF LIFE OUTREACH MINISTRIES INC 957 NW 3RD AVE SUITE 3 FLORIDA CITY,FL 33034	NONE	501(C)(3)	OPERATIONAL SUPPORT	5,000
FOOD PANTRY OF GREEN COVE SPRINGS 1107 MARTIN LUTHER KING JR BLVD GREEN COVE SPRINGS,FL 32043	NONE	501(C)(3)	OPERATIONAL SUPPORT	30,000
GOLDEN HARVEST FOOD BANK INC 7931 MOOREFIELD MEMORIAL HWY LIBERTY,SC 29657	NONE	501(C)(3)	OPERATIONAL SUPPORT	30,000
GRACE JONES COMMUNITY CENTER INC 240 41ST GULF MARATHON, FL 33050	NONE	501(C)(3)	OPERATIONAL SUPPORT	1,250
GREATER BATON ROUGE FOOD BANK PO BOX 2996 BATON ROUGE, LA 70821	NONE	501(C)(3)	OPERATIONAL SUPPORT	30,000
GREATER MIAMI JEWISH FEDERATION 4200 BISCAYNE BOULEVARD MIAMI,FL 33137	NONE	501(C)(3)	OPERATIONAL SUPPORT	15,000
GREATER SPARTANBURG MINISTRIES 680 ASHEVILLE HWY SPARTANBURG,SC 29303	NONE	501(C)(3)	OPERATIONAL SUPPORT	8,738
HALIFAX URBAN MINISTRIES 215 BAY STREET DAYTON BEACH,FL 32114	NONE	501(C)(3)	OPERATIONAL SUPPORT	15,000
HARRY CHAPIN FOOD BANK OF SOUTHWEST FLORI 3760 FOWLER ST FORT MYERS,FL 33901	NONE	501(C)(3)	OPERATIONAL SUPPORT	15,000
HELP OF BEAUFORT 1910 BAGGETT ST BEAUFORT,SC 29902	NONE	501(C)(3)	OPERATIONAL SUPPORT	5,000
HELPING HAND OF MYRTLE BEACH INC 1411 MR JOE WHITE AVE MYRTLE BEACH,SC 29577	NONE	501(C)(3)	OPERATIONAL SUPPORT	5,000
HELPING HANDS OF GOOSE CREEK 104 COMMERCE PL B GOOSE CREEK,SC 29445	NONE	501(C)(3)	OPERATIONAL SUPPORT	14,000
Total			▶ 3a	2,148,041

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
a Paid during the year				
HOPE STATION USA INC 1116 SAINT CHARLES STREET DALTON,GA 30721	NONE	501(C)(3)	OPERATIONAL SUPPORT	5,000
HUMANITIES FOUNDATION 474 WANDO PARK BOULEVARD SUITE 102 MOUNT PLEASANT,SC 29464	NONE	501(C)(3)	OPERATIONAL SUPPORT	5,000
HUNGER FIGHT INC 3811 UNIVERSITY BLVD WEST UNIT 4 JACKSONVILLE, FL 32217	NONE	501(C)(3)	OPERATIONAL SUPPORT	24,600
INTER-FAITH ALLIANCE CORPORATION PO BOX 304 OCALA,FL 34489	NONE	501(C)(3)	OPERATIONAL SUPPORT	32,500
JEWISH FED OF VOLUSIA & FLAGLER COUNTIES 470 ANDALUSIA AVE ORMOND BEACH,FL 32174	NONE	501(C)(3)	OPERATIONAL SUPPORT	33,000
JUNIOR LEAGUE OF BIRMINGHAM 2212 20TH AVE S BIRMINGHAM, AL 35223	NONE	501(C)(3)	OPERATIONAL SUPPORT	2,500
KIDS HOUSE OF SEMINOLE INC 5467 N RONALD REGAN BLVD SANFORD,FL 32773	NONE	501(C)(3)	OPERATIONAL SUPPORT	1,500
LAKE CARES INC 4759 DUSTYS RD NEW FRANKLIN, OH 44319	NONE	501(C)(3)	OPERATIONAL SUPPORT	10,250
LOAVES & FISHES - CHARLOTTE 648 GRIFFITH ROAD SUITE B CHARLOTTE,NC 28217	NONE	501(C)(3)	OPERATIONAL SUPPORT	9,750
LOAVES & FISHES - GREENVILLE 25 WOODS LAKE RD 810 GREENVILLE,SC 29607	NONE	501(C)(3)	OPERATIONAL SUPPORT	17,500
LOVING FOOD RESOURCES INC 123 KENILWORTH RD ASHEVILLE, NC 28803	NONE	501(C)(3)	OPERATIONAL SUPPORT	5,000
LOWCOUNTY FOOD BANK INC 2864 AZALEA DR NORTH CHARLESTON,SC 29405	NONE	501(C)(3)	OPERATIONAL SUPPORT	16,250
LUTHERAN SOCIAL SERV NE FLA 4615 4479-4 PHILLIPS AP JACKSONVILLE,FL 32207	NONE	501(C)(3)	OPERATIONAL SUPPORT	15,000
MAGNOLIA PT WOMEN'S CLUB (MPWC CHARITIES) PO BOX 143 GREEN COVE SPRINGS, FL 320430143	NONE	501(C)(3)	OPERATIONAL SUPPORT	9,400
MEALS ON WHEELS ANDERSON 105 S FANT ST ANDERSON,SC 29624	NONE	501(C)(3)	OPERATIONAL SUPPORT	6,500
Total			▶ 3a	2,148,041

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
a Paid during the year				
MEALS ON WHEELS BLUFFTON- HILTON HEAD PO BOX 23691 HILTON HEAD ISLAND,SC 29925	NONE	501(C)(3)	OPERATIONAL SUPPORT	5,000
MEALS ON WHEELS GREENVILLE COUNTY 15 OREGON ST GREENVILLE,SC 29605	NONE	501(C)(3)	OPERATIONAL SUPPORT	44,350
MEALS ON WHEELS OF ASHE & BUNCOME CTY INC 146 VICTORIA RD ASHEVILLE,NC 28801	NONE	501(C)(3)	OPERATIONAL SUPPORT	5,000
MEALS ON WHEELS OF POLK COUNTY INC 620 SIXTH STREET NW WINTER HAVEN,FL 33881	NONE	501(C)(3)	OPERATIONAL SUPPORT	6,000
MEALS ON WHEELS PLUS OF MANATEE 811 23RD AVENUE EAST BRADENTON,FL 34208	NONE	501(C)(3)	OPERATIONAL SUPPORT	23,550
MIDDLE GEORGIA COMMUNITY FOOD BANK 4490 OCMULGEE E BLVD MACON,GA 31217	NONE	501(C)(3)	OPERATIONAL SUPPORT	17,500
MISSION IN CITRUS INC 2472 N PENNSYLVANIA AVE CRYSTAL RIVER,FL 34428	NONE	501(C)(3)	OPERATIONAL SUPPORT	5,000
MISSISSIPPI FOOD NETWORK INC 440 BEATTY ST JACKSON,MS 39201	NONE	501(C)(3)	OPERATIONAL SUPPORT	27,235
MOBILE MEAL SERVICE OF SPARTANBURG COUNTY 419 E MAIN STREET SPARTANBURG,SC 29302	NONE	501(C)(3)	OPERATIONAL SUPPORT	32,500
MOBILE MEALS OF THE GRAND STRAND 2637 HIGHWAY 17 SOUTH GARDEN CITY,SC 29576	NONE	501(C)(3)	OPERATIONAL SUPPORT	5,000
MONTGOMERY AREA COALITION FOR THE HOMELES 101 COLISEUM BOULEVARD MONTGOMERY,AL 36109	NONE	501(C)(3)	OPERATIONAL SUPPORT	1,000
NEW BEGINNINGS OF LAKE COUNTY INC 792 E MONTROSE ST CLERMONT,FL 34711	NONE	501(C)(3)	OPERATIONAL SUPPORT	1,500
NEW ORLEANS MISSION 1134 BARONNE ST NEW ORLEANS,LA 70113	NONE	501(C)(3)	OPERATIONAL SUPPORT	15,600
NORTH STRAND HELPING HAND 2501 LONG BAY RD LONGS,SC 29568	NONE	501(C)(3)	OPERATIONAL SUPPORT	7,000
NORTHWOOD BAPTIST CHURCH 3762 CAPITAL CIR NW TALLAHASSEE,FL 32303	NONE	501(C)(3)	OPERATIONAL SUPPORT	13,000
Total			▶ 3a	2,148,041

Recipient Name and address (home or	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
OPEN ARMS INC 6205 BALBOA ST COCOA BEACH,FL 32927	NONE	501(C)(3)	O PERATIO NAL SUPPORT	6,000
PANAMA CITY RESCUE MISSION 609 ALLEN AVE PANAMA CITY,FL 32401	NONE	501(C)(3)	OPERATIONAL SUPPORT	21,500
PASS IT ON MINISTRIES OF S FL 14617 NW 7TH AVE MIAMI,FL 33168	NONE	501(C)(3)	O PERATIO NAL SUPPORT	19,500
PENELOPE HOUSE FAMILY VIOLENCE CENTER IN PO BOX 9127 MOBILE,AL 36691	NONE	501(C)(3)	OPERATIONAL SUPPORT	750
PRODISEE PANTRY INC 9315 SPANISH FORT BLVD SPANISH FORT,AL 36527	NONE	501(C)(3)	OPERATIONAL SUPPORT	7,000
PROJECT HOST 525 S ACADEMY ST GREENVILLE,SC 29601	NONE	501(C)(3)	O PERATIO NAL SUPPORT	19,500
REGIONAL FOOD BANK OF NE FL 1116 EDGEWOOD AVE N D/E JACKSONVILLE, FL 32254	NONE	501(C)(3)	OPERATIONAL SUPPORT	30,000
RELIGIOUS COMMUNITY SERVICES INC 503 S MARTIN LUTHER KING JR AVE CLEARWATER, FL 33756	NONE	501(C)(3)	OPERATIONAL SUPPORT	9,750
RONALD MCDONALD HOUSE OF NW FLORIDA 5200 BAYOU BLVD PENSACOLA,FL 32503	NONE	501(C)(3)	OPERATIONAL SUPPORT	12,000
RUTH & NORMAN RALES JEWISH FAMILY SERV 21300 RUTH AND BARON COLEMAN BLVD BOCA RATON,FL 33428	NONE	501(C)(3)	OPERATIONAL SUPPORT	12,000
S4P SYNERGY INC PO BOX 1626 FT WALTON BEACH,FL 32549	NONE	501(C)(3)	OPERATIONAL SUPPORT	8,188
SALVATION ARMY 5631 VAN DYKE RD LUTZ,FL 33558	NONE	501(C)(3)	OPERATIONAL SUPPORT	260,900
SARAH'S KITCHEN TREASURE COAST 295 NW PRIMA VISTA BLVD PORT ST LUCIE, FL 34983	NONE	501(C)(3)	OPERATIONAL SUPPORT	13,000
SCOTT CITY HOMELESS SHELTER 820 ANDERSON SIKESTON,MO 63801	NONE	501(C)(3)	OPERATIONAL SUPPORT	5,000
SECOND HARVEST FD BK-GRTR NOL & ACADIANA 700 EDWARDS AVE NEW ORLEANS, LA 70123	NONE	501(C)(3)	OPERATIONAL SUPPORT	35,000

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
SECOND HARVEST FOOD BANK OF MIDDLE TN 331 GREAT CIRCLE RD NASHVILLE,TN 37228	NONE	501(C)(3)	OPERATIONAL SUPPORT	21,000
SENIOR RESOURCES 2310 ISLAND VW CANYON LAKE,TX 78133	NONE	501(C)(3)	OPERATIONAL SUPPORT	8,700
SENIORS FIRST 5395 L B MCLEOD RD ORLANDO,FL 32811	NONE	501(C)(3)	OPERATIONAL SUPPORT	2,000
SERVICE CLUB OF MANATEE COUNTY INC PO BOX 15435 BRADENTON,FL 342805435	NONE	501(C)(3)	OPERATIONAL SUPPORT	17,500
ST LUKE THE EVAN CATHOLIC CHURCH 13700 LAWYERS RD MINT HILL,NC 28227	NONE	501(C)(3)	OPERATIONAL SUPPORT	12,000
ST PETER'S LUTHERAN CHURCH 719 5TH ST COLUMBUS,IN 47201	NONE	501(C)(3)	OPERATIONAL SUPPORT	6,500
STAR OF THE SEA FOUNDATION INC 5640 MALONEY AVE STOCK ISLAND, FL 33040	NONE	501(C)(3)	OPERATIONAL SUPPORT	16,250
SWEETWATER MISSION INC 6289 VETERANS MEMORIAL HWY 12A AUSTELL,GA 30168	NONE	501(C)(3)	OPERATIONAL SUPPORT	7,000
TAMPA JEWISH FAMILY SERVICES 13009 COMMUNITY CAMPUS DR TAMPA,FL 33625	NONE	501(C)(3)	OPERATIONAL SUPPORT	17,500
TENNESSEE WESLEYAN COLLEGE 204 E COLLEGE ST ATHENS,TN 37303	NONE	501(C)(3)	OPERATIONAL SUPPORT	7,000
THE PASTOR'S PANTRY 307 N STATE ST LEXINGTON,NC 27292	NONE	501(C)(3)	OPERATIONAL SUPPORT	5,000
THE POVERELLO CENTER INC 1110 W BROADWAY ST MISSOULA,MT 59802	NONE	501(C)(3)	OPERATIONAL SUPPORT	16,800
TREASURE COAST FOOD BANK 3051 INDUSTRIAL 25TH STREET FT PIERCE,FL 349468635	NONE	501(C)(3)	OPERATIONAL SUPPORT	13,320
TRINITY CAFE' 2801 N NEBRASKA AVE TAMPA,FL 33602	NONE	501(C)(3)	OPERATIONAL SUPPORT	23,888
TRINITY RESCUE MISSION 622 UNION ST W	NONE	501(C)(3)	OPERATIONAL SUPPORT	9,000

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
a Paid during the year				
UNITED NEGRO COLLEGE FUND INC 1805 7TH STREET NW WASHINGTON,DC 20001	NONE	501(C)(3)	OPERATIONAL SUPPORT	12,500
UNITED WAY OF BROWARD COUNTY 1300 S ANDREWS AVE FORT LAUDERDALE,FL 33316	NONE	501(C)(3)	OPERATIONAL SUPPORT	16,250
UNITED WAY OF LAKE & SUMTER COUNTIES 32644 BLOSSOM LANE LEESBURG,FL 34788	NONE	501(C)(3)	OPERATIONAL SUPPORT	4,102
URBAN JAX (AGING TRUE COMM SR SERV) 4250 LAKESIDE DR 116 JACKSONVILE,FL 32210	NONE	501(C)(3)	OPERATIONAL SUPPORT	16,250
WASTE NOT WANT NOT INC 2050 CARNES ST ORANGE PARK,FL 32073	NONE	501(C)(3)	OPERATIONAL SUPPORT	10,439
WE CARE FOOD PANTRY 5530 S MASON CREEK RD HOMOSASSA,FL 34448	NONE	501(C)(3)	OPERATIONAL SUPPORT	2,575
WEST ALABAMA FOOD BANK 3160 MCFARLAND BLVD NORTHPORT,AL 35476	NONE	501(C)(3)	OPERATIONAL SUPPORT	12,500
WOMEN IN DISTRESS OF BROWARD COUNTY 1372 FL-7 MARGATE,FL 33063	NONE	501(C)(3)	OPERATIONAL SUPPORT	4,500
WOMENS RECOVERY CENTER OF TAMPA BAY 8210 STATE ROAD 52 PORT RICHEY,FL 80112	NONE	501(C)(3)	OPERATIONAL SUPPORT	1,500
CROP CREATIVE MEDIA 1024 KINGS AVE JACKSONVILLE,FL 32207	NONE	501(C)(3)	OPERATIONAL SUPPORT	54,610
Total			▶ 3a	2,148,041

TY 2015 Accounting Fees Schedule

Name: BI-LO HOLDINGS FOUNDATION INC

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	3,500	0		0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491222007396

TY 2015 Investments Corporate Bonds Schedule

Name: BI-LO HOLDINGS FOUNDATION INC

Name of Bond	End of Year Book Value	End of Year Fair Market Value
MADISON CO. TOBACCO WAREHOUSE	800	800
MADISON INDUSTRIES	100	100

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491222007396

TY 2015 Other Assets Schedule

Name: BI-LO HOLDINGS FOUNDATION INC

Description	Beginning of Year -	End of Year - Book	End of Year - Fair
	Book Value	Value	Market Value
PREPAID TAXES	714	714	714

TY 2015 Other Expenses Schedule

Name: BI-LO HOLDINGS FOUNDATION INC

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MISCELLANEOUS EXPENSE	522	0		0

TY 2015 Other Professional Fees Schedule

Name: BI-LO HOLDINGS FOUNDATION INC

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK FEES	503	0		0

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As Filed Data -

DLN: 93491222007396

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BI-LO HOLDINGS FOUNDATION INC

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 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

2015

Employer identification number

			59-0995428	
Organ	ization type (check or	ne)		
Filers	of:	Section:		
Form 9	90 or 990-EZ	501(c)() (enter number) organization		
		4947(a)(1) nonexempt charitable trust not treated as a private foundation		
		☐ 527 political organization		
Form 9	90-PF	√ 501(c)(3) exempt private foundation		
		501(c)(3) taxable private foundation		
	Only a section 501(c)(7	rovered by the General Rule or a Special Rule.), (8), or (10) organization can check boxes for both the General Rule and a Sp	pecial Rule See instructions	
जाना ज	For an organization f	iling Form 990, 990-EZ, or 990-PF that received, during the year, contributions t any one contributor. Complete Parts I and II. See instructions for determining a		
Specia	ıl Rules			
Γ	under sections 509(a) received from any one	escribed in section $501(c)(3)$ filing Form 990 or 990-EZ that met the $33^1\beta\%$ support (1) and $170(b)(1)(A)(vi)$, that checked Schedule A (Form 990 or 990-EZ), Part contributor, during the year, total contributions of the greater of (1) \$5,000 or Form 990-EZ, line 1 Complete Parts I and II	ll, line 13, 16a, or 16b, and that	
Γ	during the year, total of	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received contributions of more than \$1,000 exclusively for religious, charitable, scientific, cruelty to children or animals. Complete Parts I, II, and III	•	
Γ	during the year, contri this box is checked, ei purpose Do not comp	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received butions exclusively for religious, charitable, etc., purposes, but no such contributer here the total contributions that were received during the year for an excludete any of the parts unless the General Rule applies to this organization became, contributions totaling \$5,000 or more during the year	outions totaled more than \$1,000 lf usively religious, charitable, etc, use it received nonexclusively	

990-EZ, or 990-PF)

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990,

Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990,

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Page 2 Name of organization **Employer identification number** BI-LO HOLDINGS FOUNDATION INC 59-0995428 Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed Part I (d) (b) (c) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution See Additional Data Table Person **Payroll** Noncash \$ (Complete Part II for noncash contribution) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contribution) (a) (b) (c) (d) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. Person Payroll \$ Noncash (Complete Part II for noncash contribution) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash \$ (Complete Part II for noncash contribution) (b) (c) (d) (a) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person **Payroll** Noncash \$ (Complete Part II for noncash contribution) (d) (a) (b) (c) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person **Payroll** Noncash \$ (Complete Part II for noncash

	me of organization ·LO HOLDINGS FOUNDATION INC		Employer identification number	
BI-LO HOLDING	SFOUNDATIONING	59-0995428		
Part II	Noncash Property	•		
rait ii	(see instructions) Use duplicate copies of Part 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	
(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	

nedule B (Form 990,	990-EZ, or 990-PF) (2015)		Page 4
ne of organization LO HOLDINGS FO	UNDATION INC		Employer identification number
			59-0995428
total more line entry. of \$1,000 o	than \$1,000 for the year from any or	ne contributor. Complete co II, enter the total of <i>exclusiv</i> mation once. See instruction	ribed in section 501(c)(7), (8), or (10) that blumns (a) through (e) and the following ely religious, charitable, etc., contributions ns.) • \$
(a) .from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gi I ZIP 4	ft Relationship of transferor to transferee
(a) .from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gi	ft Relationship of transferor to transferee
(a) .from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
. =			
	Transferee's name, address, and	(e) Transfer of gi	ft Relationship of transferor to transferee
(a) from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
. -			
	Transferee's name, address, and	(e) Transfer of gi	ft Relationship of transferor to transferee
-			

Software ID: Software Version:

EIN: 59-0995428

Name: BI-LO HOLDINGS FOUNDATION INC

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
FALCON FARMS INC 1401 NW 78TH AVE DORAL, FL33126	\$ 10,517	Person Property Payroll Noncash (Complete Part II for noncash contribution)
DIRECT FLOWERS DISTRIBUTORS INC 2605 NW 77TH AVE MIAMI, FL33122	\$ 8,610	Person Payroll Noncash (Complete Part II for noncash contribution)
JEFF SANDERS 5671 SWARCTIC DRIVE BEAVERTON, OR97005	\$ 2,841,453	Person Payroll Noncash (Complete Part II for noncash contribution)
FLOWERS PROVIDERS 2 LLC 2330 NW 82ND AVE DORAL, FL33122	\$ 20,800	Person Payroll Payroll Noncash (Complete Part II for
PROCTER AND GAMBLE 700 WILMER AVE CINCINNATI, OH45226	\$ 35,000	Person Payroll Noncash (Complete Part II for
ONSTEAD FOUNDATION 5298 MEMORIAL DR HOUSTON, TX770078260	\$ 5,000	Person Payroll Noncash (Complete Part II for
	DIRECT FLOWERS DISTRIBUTORS INC 2605 NW 77TH AVE MIAMI, FL33122 JEFF SANDERS 5671 SW ARCTIC DRIVE BEAVERTON, OR97005 FLOWERS PROVIDERS 2 LLC 2330 NW 82ND AVE DORAL, FL33122 PROCTER AND GAMBLE 700 WILMER AVE CINCINNATI, OH45226 ONSTEAD FOUNDATION 5298 MEMORIAL DR	1401 NW 78TH AVE

Form 990 Schedule B, Part I - 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
	EXTENTUS 14241 DALLAS PARKWAY STE 400 DALLAS, TX 35000	\$ 35,000	Person F Payroll Noncash
			(Complete Part II for noncash contribution)