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# Form **990-PF**

### **Return of Private Foundation**

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

➤ Do not enter social security numbers on this form as it may be made public.

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

THE JOANNE & JOHN DALLEPEZE FOUNDATION  The grade of the Control of Politics in received final and distincted to store addressed by Total Section 487 (2013) and the Control of Politics in the Control of Politic		For	calendar year 2015 or tax year beginning		, and ending			
Reserve met steel per P.O. Serve auchter er mail to met delivered to anneal addresse)   Reserved.   Reserved.   Reserved.   31 - 32 - 331 - 3243   City or form, state or provence, country, and 2IP or foreign postal code   NAPLESC, FL 341.03   City or foreign postal code   NAPLESC, FL 341.03   City or foreign postal code   NAPLESC, FL 341.03   City or foreign postal code   City or foreign pos		Nai	me of foundation			A Employer identification	n number	
Resemble and stock per P.O. Sex available of multiple collected to devel and sex available of active and sex available and collected for sex available and sex availab		THE JOANNE & JOHN DALLEPEZZE FOUNDATION 59-3650218						
81 SEAGATE DRIVE   1701   239-331-3243   Creaming complete properties of the complete properties of th		Nur	mber and street (or P O box number if mail is not delivered to street a	address)	Room/suite	<del></del>		
Comparison applications are penaltry, and 2P or foreign prostal code   NAPLES, PL 34103		8	1 SEAGATE DRIVE		1701		143	
NAPLES, FI 34103  G Check all that apply:    Initial return   Andress Andress Andress Andress Andress Andress Completions   Initial return   Andress Andress Completions   Initial return   Andress Andress Completions   Initial return   Initial		City	y or town, state or province, country, and ZIP or foreign po	ostal code		t_ · · · — — — — — — — — — — — — — — — —		
G Check all that apply:						l and the second of the second	soliding, shook that o	
Final return   Amended return   Amende	•	G (	Check all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	s, check here	
H Check type of organization:			Final return	Amended return				
H Check type of organization:			Address change	Name change		Foreign organizations me check here and attach co	eeting the 85% test, omputation	
Section 4947(a)(1) nonexempt charalistic trust   Content   Conte		H C	Check type of organization: X Section 501(c)(3) exe	empt private foundation		1		
Town Part II, cot (c), line 16					ition			
## different manufacture and Expenses   Part   Analysis of Revenue and Expenses   Column (a) (column (b) must be on cash basss)   Part   Analysis of Revenue and Expenses   Column (b) (column (b) must be on cash basss)   Part   Analysis of Revenue and Expenses   Column (b) (column (b) must be on cash basss)   Part   Analysis of Revenue and Expenses   Column (b) (column (b) must be on cash basss)   Part   Analysis of Revenue and Expenses   Column (b) (column (b) must be on cash basss)   Part   Analysis of Revenue and Expenses   Column (b) (column (b) must be on cash basss)   Part   Analysis of Revenue and Expenses   Column (b) (column (b) must be on cash basss)   Part   Analysis of Revenue and Expenses   Column (b) (column (b) must be on cash basss)   Part   Analysis of Revenue and Expenses   Column (b) (column (b) must be on cash basss)   Part   Analysis of Revenue and Expenses   Column (b) (column (b) must be on cash basss)   1		l Fa	air market value of all assets at end of year   J   Accountin	g method: X Cash	Accrual	F. If the foundation is in a	60-month termination	
Part     Analysis of Revenue and Expenses (co.) Adjusted net (co.) A		(fr	rom Part II, col (c), line 16)	ner (specify)				
The tested of amounts in columns of the control of amounts in columns of the control of the cont		<b></b>		nn (d) must be on cash l	pasis)			
1   Contributions, gifts, grants, etc., received   10, 406.   N/A		Pa	Analysis of Revenue and Expenses  (The total of amounts in columns (b) (c) and (d) may not		(b) Net investment	(c) Adjusted net	(d) Disbursements	
2 Check   I structured in accordance and response to a structure to always and response and of the control of t			necessarily equal the amounts in column (a)		income	income		
Page 2016   Page			1 Contributions, gifts, grants, etc., received	10,406.		N/A		
## A Dividends and interest from securities    5a Gross rents   5a Gross asker price from sale of assets one to mee to   289,018       5a Met game or feesh from sale of assets not on time 10   289,018       5a Met game or feesh from sale of assets not on time 10   289,018       5a Met game or feesh from sale of assets not on time 10   289,018       5a Met game or feesh from sale of assets not on the 10   289,018       5a Met game or feesh from sale of assets not on the 10   289,018       5a Met game or feesh from sale of assets not on the 10   289,018       5a Met game or feesh from sale of assets not on the 10   289,018       5a Met game or feesh from sale of assets not on the 10   289,018       5a Met game or feesh from sale of assets not on the 10   289,018       5a Met game or feesh from sale of assets not on the 10   289,018       5a Met game or feesh from sale of assets not on the 10   289,018       5a Met game or feesh from sale of assets not on the 10   289,018       5a Met game or feesh from sale of assets not on the 12   396,651   386,245       5a Met game or feesh from sale of assets not on the 10   289,018       5a Met game or feesh from sale of assets not on the 12   396,651       5a Met game or feesh from sale of assets not on the 12   387,018       5a Met game or feesh from sale of assets not on the 12   387,018       5a Met game or feesh from sale of assets not on the 12   387,018       5a Met game or feesh from sale of assets not on the 12   387,018       5a Met game or feesh from sale of assets not on the 12   387,018       5a Met game or feesh from sale of assets not on the 12   387,018       5a Met game or feesh from sale of assets not on the 12   387,018       5a Met game or feesh from sale of assets not on the 12								
5a Gross rents b Net remail among or doss) 6 The tignant of closes shown sale of assets not on line 10 b Gross sales price for all 799,512. 7 Capital gain not income from Part IV, line 2) 8 The tignant of closes shown sale of assets on the 10 b Gross sales price for all 799,512. 7 Capital gain not income from Part IV, line 2) 8 The tignant of closes shown sale of assets on the 10 b Income modifications 108 and allowinoses shown 108 and allowinoses shown 109 and allowinoses shown 109 and allowinoses shown 109 and allowinoses shown 100 ther income 12 Tatal. Add lines 1 through 11 13 Compensation of officers, decidors, inustiens, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16 Legal fees 18 Taxes 20 Accounting fees 20 Accounting fees 21 Tatal rest strained and depletion 21 Tatal. Add lines 24 and 25 22 Pinting and administrative 23 Other expenses 24 Total operating and administrative 24 Total operating and administrative 25 Expenses. Add lines 13 through 23 26 Total expenses and disbursements. 27 Add lines 24 and 25 28 Contributions, grits, grants paid 29 Total expenses and disbursements. 29 Add lines 24 and 25 20 Contributions, grits, grants paid 20 Code pancy 21 Taxel, conferences, and meetings 22 Finting and administrative 23 Contributions, grits, grants paid 24 Total operating and administrative 25 Expenses. Add lines 13 through 23 26 Total expenses and disbursements. 29 Add lines 24 and 25 20 Contributions, grits, grants paid 20 Code pancy 21 Expenses and disbursements. 20 Add lines 24 and 25 22 Expenses and disbursements. 23 Other expenses and disbursements. 24 Total operating and administrative 25 Expenses of revenue over expenses and disbursements 26 Total expenses and disbursements. 27 Subtract line 26 from line 12: 28 Excess of revenue over expenses and disbursements 28 N/A			3 Interest on savings and temporary cash investments					
Net rental income or (loss)   Sa Net gam or			4 Dividends and interest from securities	97,227.	97,227.		STATEMENT 1	
68 Met game of feest form sale of assets not on time 10			5a Gross rents					
B   Gross sales beare for all   799,512.   289,018.			b Net rental income or (loss)					
Net sitter-term Capital gain		<u>•</u>	6a Net gain or (loss) from sale of assets not on line 10	289,018.				
Net sitter-term Capital gain		en	<u> </u>		000 010			
Net sitter-term Capital gain		ě	i -		289,018.			
10a Gross sales less returns   b   Less Cost of goods aod   c   Gross profit or (loss)     11 Other income   12   Total. Add lines 1 through 11   396,651   386,245     13 Compensation of officers, directors, trustees, etc   0   0   0   0     14 Other imployee salaries and wages   5   Pension plans, employee benefits   6a   Legal fees   b   Accounting fees   c   Other professional fees   STMT   2   870   0   0     15   Total   Add lines 1 through 13   1,815   579   0     16   Total   Compension of officers, directors, trustees, etc   0   0   0   0     17   Total   Compension of officers, directors, trustees, etc   0   0   0     18   Total   Compension of officers, directors, trustees, etc   0   0   0     19   Total   Compension of officers, directors, trustees, etc   0   0   0     19   Total   Compension officers, directors, trustees, etc   0   0   0     10   Total   Compension officers, directors, trustees, etc   0   0   0     10   Total   Compension officers, directors, trustees, etc   0   0   0     10   Total   Compension officers, directors, trustees, etc   0   0   0     10   Total   Compension officers, directors, trustees, etc   0   0   0     10   Total   Compension officers, directors, trustees, etc   0   0   0     10   Total   Compension officers, directors, trustees, etc   0   0   0     10   Total   Compension officers, directors, trustees, etc   0   0   0     10   Total   Compension officers, directors, trustees, etc   0   0   0     10   Total   Compension officers, directors, trustees, etc   0   0   0     10   Total   Compension officers, directors, trustees, etc   0   0   0     10   Total   Compension officers, directors, trustees, etc   0   0   0     10   Total   Compension officers, directors, trustees, etc   0   0   0   0     10   Total   Compension officers, directors, trustees, etc   0   0   0   0     10   Total   Compension officers, directors, trustees, etc   0   0   0   0     10   Total   Compension officers, directors, trustees, etc   0   0   0   0   0     10   Total   Compension officers,		_	1 ' '			· <del>- ·-</del> ·		
b Less Cost of goods sold c Gross profit or (loss)  11 Other income  12 Total. Add lines 1 through 11 396,651. 386,245.  13 Compensation of officers, directors, fusitees, etc  14 Other employee salaries and wages  15 Pension plans, employee benefits  16a Legal fees  16 Accounting fees  17 Interest  18 Taxes  18 Taxes  19 Depreciation and depletion  20 Occupancy  21 Travel, conferences, and meetings  22 Printing and publications  23 Other expenses  24 Total operating and administrative expenses and disbursements.  25 Contributions, gifts, grants paid  26 Total expenses and disbursements.  27 Subtract line 26 from line 12:  a Excess of evenue over expenses and disbursements b N/A			Grose sales less returns					
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c Other professional fees STMT 2 870.	2	ë	b Accounting fees					
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18 Taxes STMT 3 1,815. \$79. O. O.  19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 2,685. 579. 870.  25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 678,140. 579. 676,325.  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)	(7)	9	17 Interest			RECEIVED		
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Travel, conferences, and meetings  Printing and publications  Other expenses  Total operating and administrative expenses. Add lines 13 through 23  Contributions, gifts, grants paid  Total expenses and disbursements.  Add lines 24 and 25  Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  C Adjusted net income (if negative, enter -0-)  N/A		Ē	1		942	MAY U 6 ZUIO	8	
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C Adjusted net income (if negative, enter -0-)			) · · · · · · · · · · · · · · · · · · ·	-401,40Y·	385 666			
523501 11 24 45 L HA For Paperwork Reduction Act Notice, see instructions Form QQA_DE /2015)			I		303,000.	N/A		
	7	5235		nstructions I	<del></del>	M/A	Form <b>QQA_DE</b> (2015)	

THE JOANNE & JOHN DALLEPEZZE FOUNDATION 59-3650218 Form 990-PF (2015) Page 2

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only			Beginning of year	End o	End of year			
	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value			
	1	Cash - non-interest-bearing						
		Savings and temporary cash investments	288,139.	261,302.	261,302.			
		Accounts receivable ► 385.						
	ľ		3,285.	385.	385.			
	١.	Less; allowance for doubtful accounts	3,203.	303.	303.			
	4	Pledges receivable						
		Less: allowance for doubtful accounts						
	5	Grants receivable						
	6	Receivables due from officers, directors, trustees, and other						
		disqualified persons						
	7	Other notes and loans receivable						
		Less: allowance for doubtful accounts						
m	8	Inventories for sale or use			<del></del>			
Assets		<u> </u>			<del></del>			
Ass		Prepaid expenses and deferred charges						
`		Investments - U.S. and state government obligations	1 004 515	1 004 212	2 462 450			
		Investments - corporate stock STMT 5	1,064,515.	1,024,312.	2,463,459.			
	C	Investments - corporate bonds	293,498.					
	11	Investments - land, buildings, and equipment basis						
		Less accumulated depreciation						
	12	Investments - mortgage loans						
	13	Investments - other STMT 6	665,373.	715,373.	789,347.			
		Land, buildings, and equipment basis		•	<u> </u>			
	' -							
		Less accumulated depreciation						
	l	Other assets (describe )		······				
	16	Total assets (to be completed by all filers - see the	2 214 010	0 001 270	2 614 402			
		instructions. Also, see page 1, item l)	2,314,810.	2,001,372.	3,514,493.			
	17	Accounts payable and accrued expenses	720.					
	18	Grants payable						
Ś	19	Deferred revenue						
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons						
ᅙ	21	Mortgages and other notes payable						
Ë	l	Other liabilities (describe )	****					
	~~	Other habilities (describe)						
	١,,	Total liabilities (add lines 17 through 20)	720.	0.				
_	23	Total liabilities (add lines 17 through 22)	720.	0.				
		Foundations that follow SFAS 117, check here		•				
co.		and complete lines 24 through 26 and lines 30 and 31.						
lances	24	Unrestricted						
lan	25	Temporarily restricted						
Ba	26	Permanently restricted						
Net Assets or Fund Ba		Foundations that do not follow SFAS 117, check here						
교		and complete lines 27 through 31.						
ò	27	Capital stock, trust principal, or current funds	0.	0.				
ets		Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.				
SS	I	Retained earnings, accumulated income, endowment, or other funds	2,314,090.	2,001,372.				
¥	29		2,314,090.	2,001,372.				
ž	30	Total net assets or fund balances	2,314,030.	2,001,372.				
			0 214 010	0 001 070				
_	31	Total liabilities and net assets/fund balances	2,314,810.	2,001,372.	<u> </u>			
Б	art	Analysis of Changes in Net Assets or Fund Ba	alances					
Ŀ	art	// // // // // // // // // // // // //						
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line 3	30					
		st agree with end-of-year figure reported on prior year's return)		1	2,314,090.			
2	•	r amount from Part I, line 27a		2	-281,489.			
		r increases not included in line 2 (itemize)		3	0.			
		lines 1, 2, and 3		<del>3</del>	2,032,601.			
			SEE STA	TEMENT 4 5	31,229.			
		eases not included in line 2 (itemize)			2,001,372.			
6	i ota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	umm (D), line 30	6	4,001,3/4.			

523511 11-24-15

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

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.

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400,808.

676,325.

7

7 Add lines 5 and 6

8 Enter qualifying distributions from Part XII, line 4

	m 990-PF (2015) THE JOANNE & JOHN DALLEPEZZE FOUNDATION 59-3650 art VI   Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see			Page 4		
	a Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter "N/A" on line 1.			,		
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%						
of Part I, line 27b						
(	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.		
3			3,8	57.		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.		
5			3,8	57.		
6	Credits/Payments:					
a	a 2015 estimated tax payments and 2014 overpayment credited to 2015					
	Exempt foreign organizations - tax withheld at source					
	Tax paid with application for extension of time to file (Form 8868)					
	1 Backup withholding erroneously withheld 6d 6d					
	Total credits and payments Add lines 6a through 6d		1.9	60.		
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8					
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		1,8	97.		
10						
	Enter the amount of line 10 to be: Credited to 2016 estimated tax					
	art VII-A   Statements Regarding Activities					
_	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No		
	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.	l				
c	Did the foundation file Form 1120-POL for this year?	1c		х		
	f Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation. ► \$ 0 • (2) On foundation managers. ► \$ 0 •					
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. ► \$ 0.					
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 incorporation, or					
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes						
<b>4</b> a	4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?					
	o If "Yes," has it filed a tax return on Form 990-T for this year?	4b				
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X		
	If "Yes," attach the statement required by General Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law					
	remain in the governing instrument?	6	Х			
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	Х			
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			l		
	FL			l		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			l		
	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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV					
10	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses	10		X		
	Fo	m <b>99</b> (	)-PF	(2015)		

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Form **990-PF** (2015)

had not been removed from jeopardy before the first day of the tax year beginning in 2015?

Form 990-PF (2015) THE JOANNE & JOHN DALLEP			<u>59-36502</u>	18 Page 6
Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be F	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Y	es X No	
(2) Influence the outcome of any specific public election (see section 4955); o	or to carry on, directly or indire	ectly,		
any voter registration drive?		Y	es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Y	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization				
4945(d)(4)(A)? (see instructions)		Y	es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or		
the prevention of cruelty to children or animals?			es X No	
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify und	der the excentions described i		50 <u></u> , 110	
section 53 4945 or in a current notice regarding disaster assistance (see instru		,, , , ogaillanoito	N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	•			<del>-</del>
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		ned	· -	
expenditure responsibility for the grant?			es 🔲 No	
If "Yes," attach the statement required by Regulations section 53 494		1/24	53 110	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to				
, , , , , , , , , , , , , , , , , , , ,	pay premiums on		es X No	
a personal benefit contract?		T+		6b X
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		<u> </u>	6b X
If "Yes" to 6b, file Form 8870			[V]	1
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Y	es X No	
b if "Yes," did the foundation receive any proceeds or have any net income attribu				7b
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	inagers, Highly	У	
List all officers, directors, trustees, foundation managers and their	componentian	<del></del>		
1 List all officers, directors, trustees, foundation managers and their	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	hours per week devoted	(If not paid,	employee benefit plans and deferred	account, other
	to position	enter -0-)	compensation	allowances
	PRESIDENT, SE	CR, & TRE	AS.	
81 SEAGATE DRIVE #1701	6 00		ا م	•
NAPLES, FL 34103	6.00	0.	0.	0.
	DIRECTOR			
81 SEAGATE DRIVE #1701				_
NAPLES, FL 34103	6.00	0.	0.	0.
	DIRECTOR			
307 GREENBELT DR		_	_	_
HOUSTON, TX 77079	6.00	0.	0.	0.
	]			
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	174	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
	devoted to position	(c) companion	and deterred compensation	allowances
NONE				
	1			
Total number of other employees paid over \$50,000	•	-	<b>•</b>	0
			Form	990-PF (2015)

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)	<i>'</i>	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of servi	ice	(c) Compensation
NONE	· · · ·	<del> </del>
		<del></del>
		<del></del>
Total number of others receiving over \$50,000 for professional services		0
Part IX-A Summary of Direct Charitable Activities		
	<del></del>	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 N/A	_	
I H/A		
^		
2		
<del></del>	—	
2		
3	—	
4	—	
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 N/A		
$\Gamma = 11/\Lambda$		
2		<del></del>
All other program-related investments, See instructions.	_	
3		
U		
	-	
Total. Add lines 1 through 3	<b>•</b>	0.
Towns to allow the trought of	•	rm <b>990-PF</b> (2015)
		,/

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndation	s, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	ГТ	
-	Average monthly fair market value of securities	1a	3,600,778.
	Average of monthly cash balances	1b	3,600,778. 150,530.
	Fair market value of all other assets	1c	
d		14	3,751,308.
_	Reduction claimed for blockage or other factors reported on lines 1a and		
-	1c (attach detailed explanation)   1e   0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	3,751,308.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	56,270.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,695,038.
6	Minimum investment return. Enter 5% of line 5	6	184,752.
<u> </u>	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	ıd certaii	
_	foreign organizations check here  and do not complete this part.)		•
1	Minimum investment return from Part X, line 6	1	184,752.
	Tax on investment income for 2015 from Part VI, line 5 2a 3,857.		
ь	Income tax for 2015. (This does not include the tax from Part VI.)		
c	Add lines 2a and 2b	2c	3.857.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	3,857. 180,895.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	180,895.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	180,895.
_	art XII Qualifying Distributions (see instructions)		
_			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		656 005
а	, , , , , , , , , , , , , , , , , , , ,	1a	676,325.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	. 4	676,325.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	3,857.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	672,468.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	<sub>l</sub> ualifies	for the section

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Page 9

# Part XIII Undistributed Income (see instructions)

			-	
	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI,	Gorpus	rears prior to 2014	2014	2013
line 7				180,895.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			0.	
<b>b</b> Total for prior years:	-			=
, ,		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010				
bFrom 2011 20,746.				
cFrom 2012 461,017.				
dFrom 2013 417,795.				
eFrom 2014 375,662.				
f Total of lines 3a through e	1,275,220.			
4 Qualifying distributions for 2015 from				
Part XII, line 4 <sup>.</sup> ►\$ 676,325.				
a Applied to 2014, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2015 distributable amount				180,895.
e Remaining amount distributed out of corpus	495,430.			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount	0.		<del></del>	0.
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	1,770,650.	:		
b Prior years' undistributed income. Subtract				W 800 - 800 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2014. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2016				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)	0.			
8 Excess distributions carryover from 2010		·		
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2016.				
Subtract lines 7 and 8 from line 6a	1,770,650.			
10 Analysis of line 9:				
a Excess from 2011 20,746.				
b Excess from 2012 461, 017.	ļ			
c Excess from 2013 417, 795.				
dExcess from 2014 375, 662.				
e Excess from 2015 495, 430.			ļ.————————————————————————————————————	Form <b>990-PF</b> (2015)
FOOED4 44 04 4E				Entro <b>WMI II-P/II-</b> (20175)

	NNE & JOHN				50218 Page 10
Part XIV   Private Operating F	<del> </del>		-A, question 9)	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective fo	r 2015, enter the date of t	the ruling	▶	<del>,</del>	
<b>b</b> Check box to indicate whether the found		ng foundation described i		4942(j)(3) or 49	(42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	#110044	Prior 3 years	(4) 0040	/.\ <del>*</del>
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for					
each year listed			ļ	<del></del>	<del></del>
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed				<del></del>	
d Amounts 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 Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from an exempt organization					-
(4) Gross investment income					
Part XV   Supplementary Info	rmation (Comple	te this part only	if the foundation	n had \$5,000 or me	ore in assets
at any time during t	he year-see instr	ructions.)			
Information Regarding Foundation     List any managers of the foundation wh year (but only if they have contributed in JOHN R. DALLEPEZZE	o have contributed more		ributions received by the	e foundation before the clos	se of any tax
b List any managers of the foundation who other entity) of which the foundation ha			or an equally large port	on of the ownership of a pa	artnership or
NONE					
2 Information Regarding Contribut	ion Grant Gift Loan	Scholarshin etc. Pr	ograms:		
Check here X if the foundation of the foundation makes gifts, grants, etc.	only makes contributions	to preselected charitable	organizations and does		
a The name, address, and telephone num	ber or e-mail address of t	he person to whom appli	cations should be addre	essed:	
b The form in which applications should b	oe submitted and informa	tion and materials they sh	nould include;		
c Any submission deadlines:					<del> </del>
			1 1 2 2 2 2 2		
d Any restrictions or limitations on award	s, such as by geographica	ai areas, charitable fields,	kinds of institutions, or	other factors:	

Form **990-PF** (2015)

Enter gross amounts unless otherwise indicated.	Unrelated	ousiness income	Excluded to	y section 512, 513, or 514	(e)	
•	(a) Business	(b) Amount	(C) Exclu- sion	(d)	Related or exempt	
1 Program service revenue:	code	Amount	code	Amount	function income	
a						
b	-	<del> </del>				
c	_		$\bot$		·	
d	_		<del> </del>			
e					·····	
f	_					
g Fees and contracts from government agencies						
2 Membership dues and assessments	<u> </u>				<u></u>	
3 Interest on savings and temporary cash	1					
investments						
4 Dividends and interest from securities			14	97,227.		
5 Net rental income or (loss) from real estate:						
a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from personal						
property						
7 Other investment income						
8 Gain or (loss) from sales of assets other						
than inventory			14	289,018.		
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue:					· · · · ·	
a	_					
b						
c						
d						
e						
12 Subtotal. Add columns (b), (d), and (e)		(	).	386,245.	C	
13 Total. Add line 12, columns (b), (d), and (e)				13	386,245	
(See worksheet in line 13 instructions to verify calculations.)						
Part XVI-B Relationship of Activities	to the Accon	plishment of	Exempt P	urposes	-	
Line No. Explain below how each activity for which income the foundation's exempt purposes (other that				importantly to the accomp	lishment of	

▼	the foundation's exempt purposes (other than by providing funds for such purposes).	Simon of
		<del> </del>
		-
		- 000 PE (0) (1
523621 11-24	-15	Form <b>990-PF</b> (2015

				LLEPEZZE FOU			50218		age 13
Part )	(VII Information Re Exempt Organ		sfers To a	and Transactions	and Relation	ships With Nonc	haritable	е	
1 Did	the organization directly or indi		of the followin	ig with any other organization	on described in se	ction 501(c) of		Yes	No
	Code (other than section 501(c							·····	
	nsfers from the reporting found	ation to a noncharita	ible exempt or	ganization of:					l
	Cash						1a(1)		X
	Other assets						1a(2)	<b>_</b>	X
	er transactions:	ble everent ergenize					15/1		x
	Sales of assets to a noncharita Purchases of assets from a no	· -					1b(1) 1b(2)	<del> </del>	X
	Rental of facilities, equipment,		or garnzation				1b(3)	<del>                                     </del>	X
	Reimbursement arrangements						1b(4)		X
	Loans or loan guarantees						1b(5)		X
(6)	Performance of services or me	embership or fundra	ısıng solıcıtatıo	ins			1b(6)		Х
	ring of facilities, equipment, ma						1c		X
	e answer to any of the above is		-	• •	•	-	•	sets,	
	ervices given by the reporting for			ed less than fair market valu	ue in any transaction	on or sharing arrangemer	nt, show in		
(a)Line no	imn (d) the value of the goods, (b) Amount involved			e exempt organization	(d) Descripti	on of transfers, transactions,	and sharing an	rangeme	ents
(=)=:::::::::::::::::::::::::::::::::::	(b)/ unounce involved	(e) name s	N/A		(0,000.p.	or or administry administry	and onaing a	- Lingoine	
			-						
	-				1				
		ļ							
			<del></del>	<del> </del>			•		
· · ·									
						<del></del>			
				··=					
	ne foundation directly or indirec	•	•		izations described			[ 47	<b>7</b>
	ection 501(c) of the Code (othe	•	(3)) or in sect	tion 527?			Yes	LA	. No
	es," complete the following sch			(b) Type of organization	T	(c) Description of relation	onshin		
N/A				(b) Type of organization	<del> </del>	(b) Boodinpaon of Tolas	orioinip .		
	21/22	•••							
		·· · · · · · · · · · · · · · · · · · ·							
· .	Under penalties of perjury declare and belief the rule, correct and cor	that I have examined the	is return, including	ng accompanying schedules and in taxpayer) is based on all inform	statements, and to the statements, and to the statements, and to the statements are statements.	ne best of my knowledge rer has any knowledge	May the IRS o	discuss	this
Sign Here	M. Kn /	14/1/2007	11.1	15/2/16	<b>N</b>		shown below	(see ins	str_)?
	Signature of officer or trustee	· Juli	my	Date	PRESI	DENI	X Yes		l No
	Print/Type preparer's na		Preparer's s		Date	Check if PT	IN		

239-262-8686 Form **990-PF** (2015)

P00227652

Firm's EIN ▶ 41-0746749

self- employed

Phone no.

05/02/16

Paid

**Preparer** 

**Use Only** 

KEVIN P. CAIRNS

KEVIN P. CAIRNS,

Firm's name ► CLIFTONLARSONALLEN LLP

NAPLES, FL 34103

Firm's address ▶ 4099 TAMIAMI TRAIL N., STE. 300

CPA

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

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

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

OMB No 1545-0047

2015

Name of the organization

THE JOANNE & JOHN DALLEPEZZE FOUNDATION

Employer identification number

59-3650218

Organiz	ation type (check or	ne):				
Filers of:		Section:				
Form 99	0 or 990-EZ	501(c)( ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		527 political organization				
Form 99	0-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				
	, ,	s covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions.				
General	Rule					
X		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
	sections 509(a)(1) any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
	•	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

### THE JOANNE & JOHN DALLEPEZZE FOUNDATION

59-3650218

JOHN R. DALLEPEZZE     81 SEAGATE DRIVE #1701   \$ 58,385.	Part I	Contributors (see instructions) Use duplicate copies of Part I if a	additional space is needed.	
81 SEAGATE DRIVE #1701   \$ 58,385.   Payroll   Moncash   \(\text{Name, policy term of the contributions})    NAPLES, FL 34103   (c)   (d)   (d				(d) Type of contribution
No. Name, address, and ZIP + 4  Total contributions  Type of contributions  Person Payroll Noncash (Complete Part II for noncash contributions)  (a) No. Name, address, and ZIP + 4  Person Payroll Type of contributions  S	1	81 SEAGATE DRIVE #1701	\$\$\$\$	Payroll X
\$ Payroll				(d) Type of contribution
No. Name, address, and ZIP + 4  Total contributions  Type of contribution  Person			\$	Payroll Noncash
\$ Payroll Noncash (Complete Part II for noncash contributions)  (a) No. Name, address, and ZIP + 4  \$ Person Payroll Noncash (Complete Part II for noncash contributions)  Person (Complete Part II for noncash contributions)  (b) No. Name, address, and ZIP + 4  (c) (d) Total contributions  Person Payroll Part II for noncash contributions)  Person Payroll Part II for noncash contributions				(d) Type of contribution
No. Name, address, and ZIP + 4  Total contributions  Person Payroll Noncash (Complete Part II for noncash contributions)  (a) (b) (c) (d) Total contributions  Person Payroll Total contributions  Person Payroll Payroll Payroll Payroll			\$	Payroll Noncash
(a) (b) (c) (d) (d) Noncash and ZIP + 4 Total contributions    Payroll   Noncash   (Complete Part II for noncash contributions)				(d) Type of contribution
No. Name, address, and ZIP + 4 Total contributions Type of contributions  Person Payroll			\$	Payroll Noncash
Payroll				(d) Type of contribution
(Complete Part II for			\$	Payroll Noncash
(a) (b) (c) (d)  No. Name, address, and ZIP + 4 Total contributions Type of contributions				(d) Type of contribution
\$ Person Payroll Noncash (Complete Part II for noncash contribution states 2 10-26-15 Schedule B (Form 990, 990-EZ, or 990-FF)				Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

### THE JOANNE & JOHN DALLEPEZZE FOUNDATION

59-3650218

Part II	Noncash Property (see instructions) Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	100 SHARES OF ROP \$17,045 450 SHARES OF NEOG \$21,368 200 SHARES OF PLL \$19,972 RECORDED AT COST	\$\$	11/01/15
(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
		s	
(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
		s	

Parti		<u>i                                     </u>			
			_		
·		(e) Transfer of g	ift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
a) No. from Part I	(h) Durnous of sift	(a) Use of sift		(d) Description of how gift is hold	
Part I	(b) Purpose of gift	(c) Use of gift	<del></del>	(d) Description of how gift is held	
			-		

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

523454 10-26-15

289,018.

N/A

THE JOANNE & JOHN DALLEPEZZE FOUNDATION 59-3650218 PAGE OF Capital Gains and Losses for Tax on Investment Income (b) How acquired (a) List and describe the kind(s) of property sold, e.g., real estate, (c) Date acquired (d) Date sold P - Purchase D - Donation 2-story brick warehouse; or common stock, 200 shs. MLC Co (mo., day, yr.) (mo., day, yr.) 1a 22087.413 SAMBX 07/17/1302/19/15 b CAP ONE USA 4.55% 15 03/17/0803/27/15 c BK OF AMER 3.75% 15 11/16/1009/15/15 d 500 AAPL 10/15/0402/19/15 e 800 AAPL 10/15/0111/10/15 400 AYI 02/22/0511/10/15 450 NEOG 04/15/1504/17/15 h 200 PLL 04/15/1504/17/15 100 ROP 04/15/1504/17/15 CAPITAL GAINS DIVIDENDS m n 0 (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 195,474 200,000. -4,526.Ō. 95,000. 95,000. b 200,000 198,498. 1,502. C 572. 64,280 63,708. d 93,506 915. 92,591. е 84,690. 79,587. 5,103. f 20,794 2,735. 18,059. 3,121. 19,593 16,472. h 16,757. 4,550 12,207. ı 9,418 9,418. 1 m n 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (i) (i) F.M.V. as of 12/31/69 but not less than "-0-") as of 12/31/69 over col. (j), if any -4,526.b 0. 1,502. C 63,708. d 92,591. е 79,587. 18,059. g 16,472. h 12,207. 9,418. m n 0

Capital gain net income or (net capital loss)

If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8

Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):

2

{ If gain, also enter in Part I, line 7 } . If (loss), enter "-0-" in Part I, line 7 }

Part XV 'Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to contribution Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor N/A PC TO SUPPORT EDUCATION. FLORIDA GULF COAST UNIVERSITY 10501 FGCU BLVD, SOUTH FORT MYERS, FL 33965-6565 25,000. GILDA'S CLUB PC TO SUPPORT HUMAN N/A SERVICES. 195 WEST HOUSTON STREET 5,000. NEW YORK, NY 10014-4803 GUADALUPE CENTER PC TO SUPPORT HUMAN SERVICES AND EDUCATION 509 HOPE CIRCLE PROGRAMS 5,000. IMMOKOLEE, FL 34142 TO SUPPORT HUMAN HARRY CHAPLIN FOOD BANK N/A PC 3670 FOWLER STREET SERVICES. 10,000. FORT MYERS, FL 33901 TO SUPPORT MEDICAL AND HOPE HOSPICE N/A PC 9470 HEALTH PARK CIRCLE HUMAN SERVICE FORT MYERS, FL 33908 PROGRAMS, 10,000. TO SUPPORT HUMAN PC HOUSTON ZOO N/A SERVICES AND EDUCATION 1513 CAMBRIDGE STREET 10,000. HOUSTON, TX 77030 PROGRAMS. TO SUPPORT HEALTH JAMES CANCER HOSPITAL N/A PC CARE. PO BOX 183112 283,175. COLUMBUS, OH 43215 **JDRF** N/A PC TO SUPPORT MEDICAL AND HUMAN SERVICE 950 MICHIGAN AVENUE PROGRAMS. COLUMBUS OH 43215 25,640. MIT SLOAN N/A PCTO SUPPORT EDUCATION. 238 MAIN STEET, STE. 200 1,000. CAMBRIDGE, MA 02142 PC TO SUPPORT HUMAN NAPLES CHILDREN AND EDUCATION N/A SERVICES AND EDUCATION FOUNDATION 6200 SHIRLEY STREET #206 PROGRAMS. 87,140. NAPLES, FL 34109 632,000. Total from continuation sheets

3 Grants and Contributions Paid During the	· · · · · · · · · · · · · · · · · · ·		<del></del>	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
NATIONAL AUDUBON SOCIETY	N/A	PC	TO SUPPORT	
4500 BISCAYNE BLVD. STE.205			CONSERVATION.	
MIAMI, FL 33137		<u></u>	-	5,00
NATIONWIDE CHILDRENS HOSPITAL	N/A	PC	TO SUPPORT MEDICAL AND	
700 CHILDRENS PLACE			HUMAN SERVICES	
COLUMBUS, OH 43205			PROGRAMS.	1,000
AND DEL GREEN ADDRESS DATE	7/3	ng.	TO CUIDDODE UUDAN	
NHE-PTA-SPARK PARK	N/A	PC	TO SUPPORT HUMAN	
570 NOTTINHAM OAKS TRAIL		:	SERVICES AND EDUCATION	10.00
HOUSTON, TX 77079			PROGRAMS.	10,000
OHIO HEALTH/KOBACKER HOUSE	N/A	PC	TO SUPPORT HEALTH	
180 EAST BROAD STREET, 31ST FLOOR	N/A	'	CARE.	
COLUMBUS, OH 43215			CARE.	5,00
COLOMBOS, ON 43213				
PELOTONIA-JAMES HOSPITAL	N/A	PC	TO SUPPORT HEALTH	
2400 OLENTANGY RIVER ROAD			CARE.	
COLUMBUS, OH 43210				10,390
PHILHARMONIC CENTER FOR THE ARTS	N/A	PC	TO SUPPORT PUBLIC ARTS	
5833 PELICAN BAY BOULEVARD			PROGRAMS.	
NAPLES, FL 34108-2740				2,500
DY LUMBER DAD PRINTENCED		l na	TO CURDORE WENTER	
PLANNED PARENTHOOD 206 EAST STATE STREET	N/A	PC	TO SUPPORT HEALTH, HUMAN SERVICES AND	
COLUMBUS, OH 43215			WELFARE PROGRAMS.	10,000
consider, on 19119				
PREP FOR PREP	N/A	PC	TO SUPPORT HEALTH,	
328 WEST 71ST STREET			HUMAN SERVICES AND	
NEW YORK, NY 10023			WELFARE PROGRAMS.	5,000
PRINCETON UNIVERSITY	N/A	PC	TO SUPPORT EDUCATION.	
PO BOX 5357		1		
PRINCETON, NJ 08543-5357		-	+	50,000
DIDE 1 DECOURDY	1/2	ng.	TO CUPPORT UTIVAN	
RIDE 2 RECOVERY	N/A	PC	TO SUPPORT HUMAN	
23679 CALABASAS ROAD			SERVICES.	1 00
CALABASAS , CA 91302  Total from continuation sheets		1		1,00

3 Grants and Contributions Paid During the	e Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
SHELTER FOR ABUSED WOMEN	N/A	PC	TO SUPPORT HEALTH,	
PO BOX 10102			HUMAN SERVICES AND	
NAPLES, FL 34101			WELFARE PROGRAMS.	34,85
TEXAS CHILDREN'S HOSPITAL	N/A	PC	TO SUPPORT HEALTH CARE	
6621 FANNIN STREET			FOR CHILDREN.	
HOUSTON, TX 77030				20,00
THE DOE FUND	N/A	PC	TO SUPPORT HEALTH.	
232 EAST 84TH STREET			HUMAN SERVICES AND	
NEW YORK, NY 10028			WELFARE PROGRAMS.	5,00
THE WILDS	N/A	PC	TO SUPPORT	
14000 INTERNATIONAL ROAD			CONSERVATION.	
CUMBERLAND , OH 43732				30
UNITED WAY OF HOUSTON	N/A	PC	TO SUPPORT HEALTH,	
PO BOX 3247			HUMAN SERVICES AND	
HOUSTON, TX 77253			WELFARE PROGRAMS.	10,00
		-		
				<del></del>
Total from continuation sheets		-		

FORM 990-PF	DIVIDENDS	S AND INTER	EST FROM SECU	RITIES S'	TATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVENUE		, ,
CAPITAL GAINS - DISTRIBUTION DIVIDENDS - SCHWAB INTEREST -	9,418. 87,438.		8. 0 0. 87,438	. 0. . 87,438.	
HUNTINGTON INTEREST - SCHWAB	245. 9,544.		0. 245 0. 9,544	. 245. . 9,544.	
TO PART I, LINE 4	106,645.	9,41	8. 97,227	97,227.	
FORM 990-PF	Oʻl	THER PROFES	SIONAL FEES	S	FATEMENT 2
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OTHER PROFESSIONAL	FEES	870.	0.		870.
TO FORM 990-PF, PG	1, LN 16C	870.	0.		870.
FORM 990-PF		TAX	ES	S	TATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS			(D) CHARITABLE PURPOSES
STATE TAXES FOREIGN TAXES FEDERAL TAXES	_	61. 518. 1,236.	518.		0. 0. 0.
TO FORM 990-PF, PG		1,815.	579.		0.

FORM 990-PF OTHER DECREASE	S IN NET ASSETS OR F	UND BALANCES	STATEMENT	4
DESCRIPTION			AMOUNT	
PRIOR PERIOD ADJ TO ADJUST AL DONOR BASIS	L INVESTMENTS TO FOU	NDATION OR	31,22	29.
TOTAL TO FORM 990-PF, PART II	I, LINE 5		31,22	29.
FORM 990-PF	CORPORATE STOCK		STATEMENT	5
DESCRIPTION		BOOK VALUE	FAIR MARKET	ľ
ACUITY BRANDS INC APPLE INC GUGGENHEIM S&P 500 EQUAL ISHARES CORE S&P MID CAP ISHARES RUSSELL 2000 SPDR S&P 500 ETF VANGUARD FTSE ALL WORLD VANGUARD FTSE EMERGING VANGUARD HIGH DIVIDEND VANGUARD REIT ETF TOTAL TO FORM 990-PF, PART II	, LINE 10B	20,414. 5,376. 145,555. 107,335. 98,035. 168,001. 87,643. 128,471. 117,798. 145,684.	374,08 494,72 291,23 208,98 168,93 407,74 86,82 98,13 133,50 199,32	22. 32. 30. 30. 40. 20. 30.
FORM 990-PF	OTHER INVESTMENTS		STATEMENT	6
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET	r
DOUBLELINE TOTAL RETURN DOUBLELINE TOTAL RETURN PIMCO INCM INST CL VANGUARD GROWTH & INCOME	COST COST COST COST	0. 250,000. 350,000. 115,373.	146,86 99,63 345,18 197,66	30. 87.
TOTAL TO FORM 990-PF, PART II	, LINE 13	715,373.	789,34	47.