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Department of the Treasury

Internal Revenue Service

### DLN: 93491133003226

OMB No 1545-0052

2015

Open to Public Inspection

# 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 <a href="www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

F Information about Form 990-FF and its instructions is at www.ns.gov/rorm990pi.

, and ending 12-31-2015 For calendar year 2015, or tax year beginning 01-01-2015 A Employer identification number Name of foundation Allen Family Foundation Inc 65-0783002 % STEVE KURTH BTelephone number (see instructions) Number and street (or P O box number if mail is not delivered to street address) 2400 South Federal Highway (772) 288-6062 **C** If exemption application is pending, check here City or town, state or province, country, and ZIP or foreign postal code Stuart, FL 34994 G Check all that apply Initial return of a former public charity Initial return **D 1.** Foreign organizations, check here Final return Amended return  $\textbf{2.} \ \ \text{Foreign organizations meeting the } 85\%$ Name change Address change test, check here and attach computation If private foundation status was terminated under section 507(b)(1)(A), check here Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation **J**Accounting method IFair market value of all assets at end If the foundation is in a 60-month termination Cother (specify) under section 507(b)(1)(B), check here of year (from Part II, col. (c), (Part I, column (d) must be on cash basis.) line 16) ►\$ 761,254 Part I **Analysis of Revenue and Expenses** Disbursements Revenue and Net investment Adjusted net for charitable (The total of amounts in columns (b), (c), and (d) may not expenses per necessarily equal the amounts in column (a) (see (b) (c) income purposes ıncome books (d) (cash basıs only) instructions)) Contributions, gifts, grants, etc , received (attach 1 2 Check F 🔽 if the foundation is **not** required to attach . . . . . . . . . . . . . . . 3 Interest on savings and temporary cash investments 21,387 21,387 Dividends and interest from securities Gross rents . . . . . . . . . . . . 5a Net rental income or (loss) b Net gain or (loss) from sale of assets not on line 10 12,272 6a Revenue b Gross sales price for all assets on line 6a 112,427 12,272 Capital gain net income (from Part IV, line 2) . . . Net short-term capital gain . . . 8 Income modifications . . . 10a Gross sales less returns and allowances Less Cost of goods sold . . . . b Gross profit or (loss) (attach schedule) . . . . . c 11 Other income (attach schedule) . . . . . Total.Add lines 1 through 11 . . 33,659 33,659 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages . . . 15 Pension plans, employee benefits . . Expenses Legal fees (attach schedule). . . . . 16a 卿 Accounting fees (attach schedule). . . . . b Other professional fees (attach schedule) . C Operating and Administrative **17** 囱 153 153 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion . 20 Occupancy . . . . . . . 21 Travel, conferences, and meetings. 22 Printing and publications . . . 囫 8.327 8.266 23 Other expenses (attach schedule). 24 Total operating and administrative expenses. Add lines 13 through 23 . . . . 12,730 8.419 54,350 54,350 25 Contributions, gifts, grants paid . . . . . . 26 Total expenses and disbursements. Add lines 24 and 67,080 8,419 54,350 25 27 Subtract line 26 from line 12 Excess of revenue over expenses and disbursements -33,421 a 25,240 Net investment income (if negative, enter -0-) Adjusted net income(if negative, enter -0-)

| Pa            | rt II  | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) | (a) Book Value          | (b) Book Value   | (c) Fair Market Value                            |
|---------------|--------|---|-------------------------|------------------|--|
|               | 1      | Cash—non-interest-bearing   | 6,767                   | 4,10             |  |
|               | 2      | Savings and temporary cash investments  | 16,467                  | 19,79            |  |
|               | 3      | Accounts receivable -   |                         |                  |  |
|               |        | Less allowance for doubtful accounts  |                         |                  |  |
|               | 4      | Pledges receivable  |                         |                  |  |
|               | 7      | Less allowance for doubtful accounts -  |                         |                  |  |
|               | 5      | Grants receivable   |                         |                  |  |
|               | 6      | Receivables due from officers, directors, trustees, and other   |                         |                  | <del>                                     </del> |
|               | •      | 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   |                         |                  | <del> </del>                                     |
| 쫉             | 9      | Prepaid expenses and deferred charges   |                         |                  | <del> </del>                                     |
| Assets        |        | Investments—U S and state government obligations (attach  |                         |                  | <del> </del>                                     |
| ⋖             | 10a    | schedule)   |                         |                  |  |
|               | b      | Investments—corporate stock (attach schedule)   | 610,362                 | 576,27           | 9 737,358  |
|               | С      | Investments—corporate bonds (attach schedule)   |                         |                  |  |
|               | 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 🟲)  |                         |                  |  |
|               | 16     | Total assets(to be completed by all filers—see the  |                         |                  |  |
|               |        | instructions Also, see page 1, item I)  | 633,596                 | 600,17           | 5 761,254  |
|               | 17     | Accounts payable and accrued expenses   |                         |                  |  |
| .n            | 18     | Grants payable  |                         |                  |  |
| ŧ.            | 19     | Deferred revenue  |                         |                  |  |
| abilities     | 20     | Loans from officers, directors, trustees, and other disqualified persons  |                         |                  |  |
| Lla           | 21     | Mortgages and other notes payable (attach schedule)   |                         |                  |  |
|               | 22     | Other liabilities (describe 🟲)  |                         |                  |  |
|               | 23     | Total liabilities(add lines 17 through 22)  |                         |                  | 0  |
| J.            |        | Foundations that follow SFAS 117, check here 🕨 🦵  |                         |                  |  |
| Fund Balances |        | and complete lines 24 through 26 and lines 30 and 31.   |                         |                  |  |
| <u>5</u>      | 24     | Unrestricted  |                         |                  |  |
| 8             | 25     | Temporarily restricted  |                         |                  |  |
| Ξ             | 26     | Permanently restricted  |                         |                  |  |
| 표             |        | Foundations that do not follow SFAS 117, check here 🕨 🔽   |                         |                  |  |
| ō             |        | and complete lines 27 through 31.   |                         |                  |  |
| £             | 27     | Capital stock, trust principal, or current funds  | 633,596                 | 600,17           | 5  |
| Assets        | 28     | Paid-in or capital surplus, or land, bldg , and equipment fund  |                         |                  |  |
| Ψ.            | 29     | Retained earnings, accumulated income, endowment, or other funds  |                         |                  |  |
| Net           | 30     | Total net assets or fund balances(see instructions)   | 633,596                 | 600,17           |  |
|               | 31     | Total liabilities and net assets/fund balances(see instructions)  | 633,596                 | 600,17           | 5  |
| Pa            | 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 ag   | ree              |  |
|               |        | with end-of-year figure reported on prior year's return)  |                         | 1                | 633,596  |
| 2             |        | Enter amount from Part I, line 27a  |                         | 2                | -33,421  |
| 3             |        | Other increases not included in line 2 (itemize)  |                         | _ 3              |  |
| 4             |        | Add lines 1, 2, and 3   |                         | 4                | 600,175  |
| 5             |        | Decreases not included in line 2 (itemize) ►  |                         | _ 5              |  |
| 6             |        | Total net assets or fund balances at end of year (line 4 minus line 5)—P  | art II, column (b), lır | ne 30 <b>. 6</b> | 600,175  |

| Part 1                            | Capital Gains and L   | osses for Tax on Inve  | stment Incom                           | ie                                     |   |   |
|-----------------------------------|---|--|--|--|---|---|
|                                   |   | nd(s) of property sold (e g , re<br>e, or common stock, 200 shs            |  | How acquired P—Purchase (b) D—Donation | Date acquired                               | Date sold (d) (mo , day, yr                     |
|                                   | OPPENHEIMER SENIOR F  | (2) 2 2 2 1 1 1 1 1 1  |  | 2015-11-12                             |   |   |
| b                                 | SEACOAST #7007 SEE A  |  |  |  |   |   |
|                                   | SEACOAST #7007 SEE A  | TTACHED  |  |  |   |   |
| d                                 | -   |  |  |  |   |   |
| <u>ч</u><br>е                     | CALLET CALL DIVIDENT  |  |  | <u>'</u>                               |   |   |
| -                                 |   | Depreciation allowe  | d Co                                   | <br>st or other basis                  |   | n or (loss)                                     |
| (€                                | e) Gross sales price  | (f) (or allowable)   |  | s expense of sale                      |   | s (f) minus (g)                                 |
| a                                 | 75  |  | (3).                                   | <br>77                                 |   | -26   |
| b                                 | 36,94   | 5  |  | 39,26                                  | 6   | -2,321  |
| с                                 | 72,400  |  |  | 60,11                                  |   | 12,290  |
| d                                 | ,,,,  |  |  |  |   | 2,329   |
| <u>ч</u><br>е                     |   |  |  |  |   | 2,323   |
|                                   | mulata anly for accets chayyn   | a asin in column (h) and own   | d by the foundati                      | on on 12/21/60                         | 6 /6  |   |
|                                   | mplete only for assets showin   | A djusted basis  |  | xcess of col (I)                       |   | l (h) gain minus<br>ot less than -0-) <b>oi</b> |
| (1)                               | FMV as of 12/31/69  | <b>(j)</b> as of 12/31/69  | (k) ov                                 | ercol (j), ıfany                       | (I) Losses                                  | (from col (h))                                  |
| а                                 |   |  |  |  |   | -26   |
| b                                 |   |  |  |  |   | -2,321  |
| c                                 |   |  |  |  |   | 12,290  |
| d                                 |   |  |  |  |   |   |
| e                                 |   |  |  |  |   |   |
| 3                                 | • •   | or (loss) as defined in sectio   | ns 1222(5) and (                       |  | 2   | 12,272  |
| Dowl                              | ·   | . Castian 4040(a) fan 5  | \                                      | N                                      | <u> </u>                                    |   |
| Part                              | Qualification Under   | Section 4940(e) for R  | educed lax o                           | n Net Investme                         | ent Income                                  |   |
| If section<br>Was the<br>If "Yes, | cional use by domestic private<br>on 4940(d)(2) applies, leave t<br>e foundation liable for the sect<br>the foundation does not qual<br>ter the appropriate amount in | this part blank  on 4942 tax on the distribut  ify under section 4940(e) D | able amount of an<br>o not complete th | y year in the base p<br>is part        | eriod?                                      | ┌ Yes ┌ No                                      |
|                                   | ······  | - Cach column for cach year, 3   | r instructions be                      | .iore making any en                    |   | `   |
|                                   | (a)<br>e period years Calendar<br>or tax year beginning in)   | <b>(b)</b><br>Justed qualifying distributions                              |  | c)<br>narıtable-use assets             | <b>(d</b><br>Distributio<br>(col (b) divide | on ratio  |
|                                   | 2014  | 41,282   |  | 841,547                                |   | 0 049055  |
|                                   | 2013  | 22,950   |  | 801,843                                |   | 0 028622  |
|                                   | 2012  | 37,300   |  | 748,515                                |   | 0 049832  |
|                                   | 2011  | 37,350   |  | 747,836                                |   | 0 049944  |
|                                   | 2010  | 38,200   |  | 722,434                                |   | 0 052877  |
| 2                                 | <b>Total</b> of line 1, column (d).   |  |  |  | 2   | 0 23033   |
| 3                                 |   | or the 5-year base period—di<br>ndation has been in existenc               |  |  | 3   | 0 046066  |
| 4                                 |   | narıtable-use assets for 201!  |  | _                                      | 4   | 814,848   |
| 5                                 | Multiply line 4 by line 3   |  |  |  | 5   | 37,537  |
| 6                                 | Enter 1% of net investment  | : income (1% of Part I, line 2   | 7b)                                    |  | 6   | 252   |

the Part VI instructions

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

252

37,789

54,350

7

8

|        | 990-PF (2015)  *t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4  | 940(e)    | , or 4948—s    | ee pag                                      | = 18 of   | the inst | ructio |                 | age <b>4</b> |
|--------|--|-----------|----------------|---|-----------|----------|--------|-----------------|--------------|
| 1a     | Exempt operating foundations described in section 4940(d)(2), check here   |           | ,              | <u> ,-                                 </u> |           |          |        |                 |              |
| Ia     | and enter "N/A" on line 1  | ,         |                |   |           |          |        |                 |              |
|        | Date of ruling or determination letter   |           |                | \   |           |          |        |                 |              |
|        | (attach copy of letter if necessary-see instructions)  |           |                |   |           |          |        |                 |              |
| Ь      | Domestic foundations that meet the section 4940(e) requirements in Part V  | , check   | (              | ]   | 1         |          |        |                 | 252          |
|        | here 🟲 🔽 and enter 1% of Part I, line 27b  |           |                |   |           |          |        |                 |              |
| С      | All other domestic foundations enter 2% of line 27b Exempt foreign organize Part I, line 12, col (b)   | ations    | enter 4% of    |   |           |          |        |                 |              |
| 2      | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable four enter -0-)  | ndatıon   | ns only Oth    | ers   | 2         |          |        |                 |              |
| 3      | Add lines 1 and 2  |           |                |   | 3         |          |        |                 | 252          |
| 4      | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable fou  | ndatio    | ns only Oth    | ers   |           |          |        |                 |              |
| _      | enter -0-)   | (         | _              |   | 4         |          |        |                 |              |
| 5      | Tax based on investment income. Subtract line 4 from line 3 If zero or less, e   | enter - u | J              |   | 5         |          |        |                 | 252          |
| 6      | Credits/Payments   | ۔ م       | 1              | F.C.2                                       |           |          |        |                 |              |
| a      | 2015 estimated tax payments and 2014 overpayment credited to 2015  | 6a        |                | 562   |           |          |        |                 |              |
| b      | Exempt foreign organizations—tax withheld at source  | 6b        |                |   |           |          |        |                 |              |
| c      | Tax paid with application for extension of time to file (Form 8868)  | 6c        |                |   |           |          |        |                 |              |
| d<br>- | Backup withholding erroneously withheld  | 6d        |                |   |           | ı        |        |                 | 563          |
| 7      | Total credits and payments Add lines 6a through 6d   |           |                |   | 7         |          |        |                 | 562          |
| 8      | Enter any <b>penalty</b> 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 of lines 10 to be 2000 to 1000 to 100   |           |                |   | 10        |          |        |                 | 310          |
| 11     | Enter the amount of line 10 to be Credited to 2015 estimated tax   | 310       | Refunded       | _   | 11        |          |        |                 |              |
|        | t VII-A Statements Regarding Activities  |           | !!!            |   | <u> </u>  |          |        | V               |              |
| 1a     | During the tax year, did the foundation attempt to influence any national, state   | -         | =              |   |           |          | 4-     | 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   | politica  | ii purposes    | (see in                                     | structi   | ons      | 1b     |                 | N.           |
|        | for definition)?   | · · ·     | nuos of any    | mataria                                     | <br>Ic    | •        | 10     |                 | No           |
|        | published or distributed by the foundation in connection with the activities.  | allu co   | opies or arry  | illaccila                                   | 15        |          |        |                 |              |
| c      | Did the foundation file <b>Form 1120-POL</b> for this year?  |           |                |   |           | _        | 1c     |                 |              |
| d      | Enter the amount (if any) of tax on political expenditures (section 4955) impo   |           |                | <br>r                                       |           | •        | 10     |                 |              |
| •      | (1) On the foundation  \$\bigs\sum_\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \   |           |                |   |           |          |        |                 |              |
| e      | Enter the reimbursement (if any) paid by the foundation during the year for pol  |           |                |   | osed      |          |        |                 |              |
| _      | on foundation managers > \$  |           |                |   |           |          |        |                 |              |
| 2      | Has the foundation engaged in any activities that have not previously been re  | ported    | to the IRS?    |   |           |          | 2      |                 | No           |
| _      | If "Yes," attach a detailed description of the activities.   | p = 1.1.1 |                |   |           |          |        |                 |              |
| 3      | Has the foundation made any changes, not previously reported to the IRS, in i  | its aove  | ernina instri  | ıment.                                      | articles  | 5        |        |                 |              |
|        | of incorporation, or bylaws, or other similar instruments? If "Yes," attach a cont   | _         | =              |   |           |          | 3      |                 | No           |
| 4a     | Did the foundation have unrelated business gross income of \$1,000 or more of  |           |                |   |           |          | 4a     |                 | No           |
| Ь      | If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?  | _         |                |   |           |          | 4b     |                 |              |
| 5      | Was there a liquidation, termination, dissolution, or substantial contraction du   |           |                |   |           |          | 5      |                 | No           |
|        | If "Yes," attach the statement required by General Instruction T.  | J         | •              |   |           |          |        |                 | i            |
| 6      | Are the requirements of section 508(e) (relating to sections 4941 through 49   | 945)sa    | atisfied eithe | er  |           |          |        |                 |              |
|        | By language in the governing instrument, or  | •         |                |   |           |          |        |                 |              |
|        | • By state legislation that effectively amends the governing instrument so the   | nat no r  | mandatory d    | ırectıo                                     | ns        |          |        |                 |              |
|        | 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   | ?If "Ye   | s," complete   | Part II                                     | . col. (c | ),       |        |                 |              |
|        | and Part XV.   |           |                |   |           |          | 7      | Yes             |              |
| 8a     | Enter the states to which the foundation reports or with which it is registered (  | (see ins  | structions)    |   |           |          |        |                 |              |
|        | ▶ <sub>FL</sub>  |           |                |   |           |          |        |                 |              |
| b      | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 9 $$   | 90-PF     | to the Attor   | ney   |           |          |        |                 |              |
|        | General (or designate) of each state as required by General Instruction G? $\it If$  | "No," at  | ttach explana  | ation .                                     |           |          | 8b     | Yes             |              |
| 9      | Is the foundation claiming status as a private operating foundation within the $% \left( 1\right) =\left( 1\right) \left( 1\right) \left($ | meanır    | ng of section  | 4942  | (၂)(3)    |          |        |                 |              |
|        | or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (s  | see ins   | tructions foi  | Part X                                      | (IV)?     |          |        |                 |              |
|        | If "Yes," complete Part XIV  |           |                |   |           |          | 9      | $\sqcup \sqcup$ | No           |
| 10     | Did any persons become substantial contributors during the tax year? If "Yes,  | ," attaci | h a schedule   | listing                                     | their n   | ames     |        |                 | ı            |
|        | and addresses.   |           |                |   |           |          | 10     |                 | No           |

| Par | TVII-A Statements Regarding Activities (continued)   |            |      |    |
|-----|--|------------|------|----|
| 11  | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the  |            |      |    |
|     | meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)  | 11         |      | 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 ►NONE  |            |      |    |
| 14  | The books are in care of ►STEVE KURTH Telephone no ►(772   | ) 288-     | 9800 |    |
|     | Located at ▶2400 SOUTH FEDERAL HIGHWAY Stuart FL ZIP+4 ▶34994  |            |      |    |
| 45  |  |            |      |    |
| 15  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> — Check here   |            | - 1  |    |
|     |  |            | 1    | 1  |
| 16  | At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over   | i          | 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 | rt 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?  Yes V No.  |            |      |    |
|     | <ul> <li>(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?</li> <li>✓ Yes  No</li> <li>(5) Transfer any income or assets to a disqualified person (or make any of either available</li> </ul> |            |      |    |
|     | 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 <b>any</b> 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         |      | No |
|     | Organizations relying on a current notice regarding disaster assistance check here   |            |      |    |
| c   | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,  |            |      |    |
|     | that were not corrected before the first day of the tax year beginning in 2015?  | <b>1</b> c |      | 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?  |            |      |    |
|     | If "Yes," list the years 🕨 20 , 20 , 20 , 20   |            |      |    |
| Ь   | Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)  |            |      |    |
|     | (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)  |            |      |    |
|     | to <b>all</b> years listed, answer "No" and attach statement—see instructions )  | 2b         |      |    |
| С   | If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here   |            |      |    |
| _   | ► 20   |            |      |    |
| 3a  | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at   |            |      |    |
| L   | 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, <b>(2)</b> 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 <b>(3)</b> |            |      |    |
|     | 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         |      | 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 |

| Раг    | £ ATT-B       | Statements Rega                             | raii       | ig Activities for                 | VV    | ich Form 4/20                   | мау      | , ве кедигеа ( <i>cont</i>          | inue     | ea)         |         |
|--------|---------------|---|------------|-----------------------------------|-------|---------------------------------|----------|-------------------------------------|----------|-------------|---------|
| 5a     | During the    | year did the foundatio                      | n pay      | or incurany amoun                 | t to  |                                 |          |                                     |          |             |         |
|        | (1) Carry     | on propaganda, or othe                      | wise       | attempt to influence              | e leg | ıslatıon (section 49            | 45(e     | e)) <sup>?</sup>                    | No       |             |         |
|        | (2) Influer   | nce the outcome of any                      | spec       | ific public election (            | see   | section 4955), or to            | car      |                                     |          |             |         |
|        | on, dire      | ectly or indirectly, any                    | vote       | r registration drive?.            |       |                                 | •        |                                     |          |             |         |
|        | (3) Provid    | e a grant to an individu                    | al for     | travel, study, or oth             | ners  | ımılar purposes?                |          | ┌ Yes ┌                             | No       |             |         |
|        | • •           | e a grant to an organiza                    |            |                                   |       |                                 |          |                                     | _        |             |         |
|        |               |   |            |                                   |       |                                 | •        | Yes                                 | No       |             |         |
|        |               | e for any purpose other                     |            |                                   |       |                                 |          |                                     | _        |             |         |
|        |               | tional purposes, or for t                   |            |                                   |       |                                 |          |                                     | ' No     |             |         |
| Ь      | •             |   | • •        | •                                 |       |                                 |          | exceptions described in             |          |             | _       |
|        |               |   |            |                                   |       |                                 |          | instructions)?                      |          | 5b          |         |
|        | _             |   |            |                                   |       |                                 |          |                                     |          |             |         |
| С      |               | ver is "Yes" to question                    |            |                                   |       |                                 |          |                                     | _        |             |         |
|        |               |   |            |                                   |       |                                 | •        | <b>T</b> Yes <b>T</b>               | No       |             |         |
|        |               | tach the statement requ                     |            |                                   |       |                                 |          |                                     |          |             |         |
| 6a     |               | ındatıon, durıng the yea                    | •          | •                                 |       |                                 |          |                                     | _        |             |         |
|        | •             | benefit contract?                           |            |                                   |       |                                 |          | ·                                   |          |             |         |
| Ь      |               |   | ır, pa     | y premiums, directly              | orı   | ndirectly, on a perso           | onal     | benefit contract?                   | •        | 6b          | No      |
|        |               | 6b, file Form 8870.                         |            |                                   |       |                                 |          |                                     | _        |             |         |
| 7a     |               | e during the tax year, w                    |            |                                   |       |                                 |          |                                     |          |             |         |
| Ь      |               |   |            | -                                 | _     |                                 |          | the transaction?                    |          | 7b          |         |
| Par    |               |   | t Of       | ficers, Directors                 | s, Tı | ustees, Founda                  | itio     | n Managers, Highly                  | Paid     | d Employ    | ees,    |
|        |               | and Contractors<br>cers, directors, trustee | - fo       | Indation managers                 | nd t  | hair compansation (             | coo i    | instructions)                       |          |             |         |
|        | LISC all OITI | cers, unectors, trustee                     |            | _                                 |       |                                 | <u> </u> | (d)                                 |          |             |         |
|        | (a) Nam       | ne and address                              |            | Title, and average hours per week | (c)   | Compensation(If not paid, enter |          | Contributions to                    |          | Expense a   | ccount, |
|        | (a) Nan       | ie aliu audiess                             | (b)        | devoted to position               |       | -0-)                            |          | mployee benefit plans               | (e)      | other allov | vances  |
| R E Al | len           |   | Dro        | <br>sident                        |       | 0                               | and      | d deferred compensation 0           |          |             |         |
|        |               | eral Highway                                | 2 0        | sident                            |       | U                               |          | U                                   |          |             | U       |
|        | t,FL 3499     | 5 ,   |            |                                   |       |                                 |          |                                     |          |             |         |
| Rıchar | d S Allen     |   | Dire       | ctor                              |       | 0                               |          | 0                                   |          |             | 0       |
| 2400   | South Fed     | eral Hıghway                                | 2 0        |                                   |       |                                 |          |                                     |          |             |         |
|        | t,FL 3499     | 94  |            |                                   |       |                                 |          |                                     |          |             |         |
| Rex A  | llen          |   | 4          | asurer                            |       | 0                               |          | 0                                   |          |             | 0       |
|        |               | eral Highway                                | 2 0        |                                   |       |                                 |          |                                     |          |             |         |
|        | t,FL 3499     | 94  | _          |                                   |       |                                 |          |                                     |          |             |         |
| Karen  |               | La ma I. I. La mbassas                      | Sec<br>2 0 | retary                            |       | 3,000                           |          | 0                                   |          |             | 0       |
|        | t, FL 3499    | eral Highway<br>14                          |            |                                   |       |                                 |          |                                     |          |             |         |
|        | •             |   | emi        | olovees (other than               | thos  | e included on line 1–           | -see     | instructions). If none, e           | ıter "   | NONE."      |         |
|        | •             |   |            |                                   |       |                                 |          | Contributions to                    |          |             |         |
| Nan    | ne and addr   | (a)<br>ress of each employee                | aıd        | Title, and aver                   | _     | (c) Compensation                | n        | employee benefit                    | l , ,    | Expense a   |         |
|        |               | e than \$50,000                             |            | (b) devoted to pos                | tıon  |                                 |          | plans and deferred (d) compensation | (e)      | other allov | vances  |
|        |               |   |            |                                   |       |                                 |          | (a) compensation                    |          |             |         |
|        |               |   |            | 1                                 |       |                                 |          |                                     |          |             |         |
|        |               |   |            |                                   |       |                                 |          |                                     |          |             |         |
|        |               |   |            | 1                                 |       |                                 |          |                                     |          |             |         |
|        |               |   |            |                                   |       |                                 |          |                                     |          |             |         |
|        |               |   |            | 1                                 |       |                                 |          |                                     |          |             |         |
|        |               |   |            |                                   |       |                                 |          |                                     |          |             |         |
|        |               |   |            | -                                 |       |                                 |          |                                     |          |             |         |
|        |               |   |            |                                   |       |                                 |          |                                     |          |             |         |
|        |               |   |            |                                   |       |                                 |          |                                     |          |             |         |
|        |               |   |            |                                   |       |                                 |          |                                     | <u> </u> |             |         |
| Total  | number of     | other employees haid                        | War        | \$50 000                          |       |                                 |          | <b>▶</b>                            | I        |             |         |

| Form 990-PF (2015)  |  | Page <b>7</b>     |
|---|--|-------------------|
| Part VIII and Contractors (continued)   | tees, Foundation Managers, High            | y Paid Employees, |
| and Contractors (continued)  3 Five highest-paid independent contractors for professional services  | (see instructions). If none, enter "NONE". |                   |
| (a) Name and address of each person paid more than \$50,000   | (b) Type of service                        | (c) Compensation  |
|   |  |                   |
|   |  |                   |
|   |  |                   |
|   |  |                   |
|   |  |                   |
|   |  |                   |
|   |  |                   |
|   |  |                   |
|   |  |                   |
|   | <u></u>                                    |                   |
| Total number of others receiving over \$50,000 for professional services  |  |                   |
| Part IX-A Summary of Direct Charitable Activities   |  |                   |
| List the foundation's four largest direct charitable activities during the tax year. Include re organizations and other beneficiaries served, conferences convened, research papers pro |  | Expenses          |
| 1 N/A   | duceu, etc                                 |                   |
| 2   |  |                   |
| 3   |  |                   |
| 4   |  |                   |
| Part IX-B Summary of Program-Related Investments  | (see instructions)                         |                   |
| Describe the two largest program-related investments made by the foundation during  | the tax year on lines 1 and 2              | A mount           |
| 1 NONE  |  |                   |
| 2   |  |                   |
|   |  |                   |
|   |  |                   |
| All other program-related investments See instructions  |  |                   |
| 3   |  |                   |
|   |  |                   |
| Total. Add lines 1 through 3  |  | <u> </u>          |
|   |  | 1                 |

### Part X Minimum Investment Return

| Pa       | (All domestic foundations must complete this part. Foreign foundations, see instruction  | s.)     |                          |
|----------|--|---------|--------------------------|
| 1        | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,  |         |                          |
|          | purposes   |         |                          |
| а        | A verage monthly fair market value of securities   | 1a      | 799,608                  |
| b        | A verage of monthly cash balances  | 1b      | 27,649                   |
| c        | Fair market value of all other assets (see instructions)   | 1c      | 0                        |
| d        | <b>Total</b> (add lines 1a, b, and c)  | 1d      | 827,257                  |
| 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       | 827,257                  |
| 4        | Cash deemed held for charitable activities Enter 1 $1/2\%$ of line 3 (for greater amount, see  |         |                          |
|          | ınstructions)  | 4       | 12,409                   |
| 5        | Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4  | 5       | 814,848                  |
| 6        | Minimum investment return. Enter 5% of line 5  | 6       | 40,742                   |
| Pai      | t XI  Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and cer check here ►  and do not complete this part.) | taın f  | oreign organizations     |
| 1        | Mınımum ınvestment return from Part X, line 6  | 1       | 40,742                   |
| 2a       | Tax on investment income for 2015 from Part VI, line 5 2a 252  |         |                          |
| b        | Income tax for 2015 (This does not include the tax from Part VI ) 2b   |         |                          |
| С        | Add lines 2a and 2b  | 2c      | 252                      |
| 3        | Distributable amount before adjustments Subtract line 2c from line 1   | 3       | 40,490                   |
| 4        | Recoveries of amounts treated as qualifying distributions  | 4       |                          |
| 5        | Add lines 3 and 4  | 5       | 40,490                   |
| 6        | Deduction from distributable amount (see instructions)   | 6       |                          |
| 7        | Distributable amountas adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1  | 7       | 40,490                   |
| Par<br>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      | 54,350                   |
| a<br>L   | Program-related investments—total from Part IX-B   | 1b      | 34,330                   |
|          | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,   |         | -                        |
| _        | purposes   | 2       | 0                        |
| 3        | Amounts set aside for specific charitable projects that satisfy the  |         | 0                        |
|          | Suitability test (prior IRS approval required)   | 20      | 0                        |
| a<br>L   |  | 3a      | 0                        |
| b<br>1   | Cash distribution test (attach the required schedule)  | 3b<br>4 |                          |
| 4        | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4  |         | 54,350                   |
| 5        | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment   | <br>    | 3.53                     |
| _        | Income Enter 1% of Part I, line 27b (see instructions)   | 5<br>6  | 252                      |
| 6        | Adjusted qualifying distributions. Subtract line 5 from line 4   |         | foundation qualifies for |
|          | the section 4940(e) reduction of tax in those years  | er die  | iodiluacion quannes 101  |

| P  | art XIIII Undistributed Income (see inst   | ructions)     |                            |                    |                    |
|----|--|---------------|----------------------------|--------------------|--------------------|
|    |  | (a)<br>Corpus | (b)<br>Years prior to 2014 | <b>(c)</b><br>2014 | <b>(d)</b><br>2015 |
| 1  | Distributable amount for 2015 from Part XI, line 7                                       |               |                            |                    | 40,490             |
| 2  | Undistributed income, if any, as of the end of 2015                                      |               |                            |                    |                    |
| а  | Enter amount for 2014 only   |               |                            | 4,870              |                    |
| b  | Total for prior years 2013, 2012, 2011   |               | 0                          |                    |                    |
| 3  | Excess distributions carryover, if any, to 2015  |               |                            |                    |                    |
| а  | From 2010  |               |                            |                    |                    |
| b  | From 2011  |               |                            |                    |                    |
| C  | From 2012  |               |                            |                    |                    |
| d  | From 2013  |               |                            |                    |                    |
|    | From 2014  |               |                            |                    |                    |
|    | <b>Total</b> of lines 3a through e   | 0             |                            |                    |                    |
| 4  | Qualifying distributions for 2015 from Part  |               |                            |                    |                    |
|    | XII, line 4  \$ 54,350   |               |                            | 4 070              |                    |
|    | Applied to 2014, but not more than line 2a   |               |                            | 4,870              |                    |
|    | Applied to undistributed income of prior years (Election required—see instructions)      |               |                            |                    |                    |
| С  | Treated as distributions out of corpus (Election required—see instructions)              |               |                            |                    |                    |
| d  | Applied to 2015 distributable amount   |               |                            |                    | 40,490             |
| е  | Remaining amount distributed out of corpus   | 8,990         |                            |                    |                    |
| 5  | Excess distributions carryover applied to 2015   |               |                            |                    |                    |
|    | (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  | 8,990         |                            |                    |                    |
| b  | 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) |               |                            |                    |                    |
|    | tax has been previously assessed   |               |                            |                    |                    |
| 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   |               |                            |                    |                    |
|    | instructions   |               |                            |                    |                    |
| f  | Undistributed income for 2016 Subtract   |               |                            |                    |                    |
|    | lines 4d and 5 from line 1 This amount must be distributed in 2015                       |               |                            |                    | 0                  |
| 7  | Amounts treated as distributions out of  |               |                            |                    |                    |
| •  | corpus to satisfy requirements imposed by  |               |                            |                    |                    |
|    | section 170(b)(1)(F) or 4942(g)(3) (Election may   |               |                            |                    |                    |
|    | be required - see instructions)  |               |                            |                    |                    |
| 8  | Excess distributions carryover from 2010 not   |               |                            |                    |                    |
| _  | applied on line 5 or line 7 (see instructions)   |               |                            |                    |                    |
| 9  | Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a              | 8,990         |                            |                    |                    |
| 10 | Analysis of line 9   |               |                            |                    |                    |
|    | Excess from 2011   |               |                            |                    |                    |
|    | Excess from 2012   |               |                            |                    |                    |
|    | Excess from 2013   |               |                            |                    |                    |
| d  | Excess from 2014   |               |                            |                    |                    |
| е  | Excess from 2015 8,990   |               |                            |                    |                    |

- c Any submission deadlines
- **d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV Supplementary Information(continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of Amount contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year See Additional Data Table 54,350 **b** Approved for future payment

| Part XVI-A Analysis of Income-Produc   | ing Activitie        | :S                 |                       |                    | Page <b>1</b> 2                      |
|--|----------------------|--------------------|-----------------------|--------------------|--------------------------------------|
| Enter gross amounts unless otherwise indicated   |                      | ısıness income     | Excluded by section   | <u> </u>           | (e) Related or exemp function income |
| 1 Program service revenue  | (a)<br>Business code | (b)<br>A mount     | (c)<br>Exclusion code | (d)<br>A mount     | (See<br>Instructions )               |
| a<br>b   |                      |                    |                       |                    |                                      |
| c<br>d   |                      |                    |                       |                    |                                      |
| e  |                      |                    |                       |                    |                                      |
| <ul><li>g Fees and contracts from government agencies</li><li>2 Membership dues and assessments</li><li>3 Interest on savings and temporary cash</li></ul> |                      |                    |                       |                    |                                      |
| Investments  |                      |                    | 14                    | 21,387             |                                      |
| Net rental income or (loss) from real estate  Debt-financed property   |                      |                    |                       |                    |                                      |
| <b>b</b> Not debt-financed property <b>6</b> Net rental income or (loss) from personal property  |                      |                    |                       |                    |                                      |
| Other investment income  |                      |                    |                       |                    |                                      |
| <ul><li>Inventory</li></ul>  |                      |                    | 18                    | 12,272             |                                      |
| .  1 Other revenue a  b  |                      |                    |                       |                    |                                      |
| c  |                      |                    |                       |                    |                                      |
| e  |                      |                    |                       | 33,659             |                                      |
| 3 Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify   | calculations )       |                    |                       | 13                 | 33,659                               |
| Line No.  Explain below how each activity for wh the accomplishment of the foundation instructions )   | ıch ıncome ıs re     | ported in column i | (e) of Part XVI-A c   | ontributed importa |                                      |
|  |                      |                    |                       |                    |                                      |
|  |                      |                    |                       |                    |                                      |
|  |                      |                    |                       |                    |                                      |
|  |                      |                    |                       |                    |                                      |
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|  |                      |                    |                       |                    |                                      |
|  |                      |                    |                       |                    |                                      |
|  |                      |                    |                       |                    |                                      |
|  |                      |                    |                       |                    |                                      |
|  |                      |                    |                       |                    |                                      |

| Ра   | ττ χντ         | Noncharitable   |                          |                      |                        |                 | isactio                | ns and             | Keiationsnips                | with  |                                    |                    |                  |
|--|----------------|---|--------------------------|----------------------|------------------------|-----------------|------------------------|--------------------|------------------------------|---|------------------------------------|--------------------|------------------|
|  |                | organization directly or i  | ndırectly (              | engage               | ın any of              | the following w |                        |                    |                              |   |                                    | Yes                | No               |
|  | rganıza        |   | ar chan se               |                      | , 1 (0)(0)             | organizacions)  | 01 111 500             |                    | , relating to politic        |   |                                    |                    |                  |
|  | _              | rs from the reporting four  | ndation to               | a nonch              | narıtable (            | exempt organı   | zatıon of              | ;                  |                              |   |                                    |                    |                  |
|  |                | sh  |                          |                      |                        | _               |                        |                    |                              |   | 1a(1)                              |                    | No               |
| (  | <b>2)</b> Oth  | erassets  |                          |                      |                        |                 |                        |                    |                              |   | 1a(2)                              |                    | No               |
| b C  | ther tra       | ansactions  |                          |                      |                        |                 |                        |                    |                              |   |                                    |                    |                  |
| (  | <b>1)</b> Sale | es of assets to a noncha  | rıtable ex               | empt or              | ganızatıoı             | n               |                        |                    |                              |   | 1b(1)                              |                    | No               |
|  |                | chases of assets from a   |                          |                      |                        |                 |                        |                    |                              |   | 1b(2)                              |                    | No               |
| (  | <b>3)</b> Ren  | tal of facilities, equipme  | nt, or othe              | erasset              | s                      |                 |                        |                    |                              |   | 1b(3)                              |                    | No               |
|  |                | mbursement arrangemer   |                          |                      |                        |                 |                        |                    |                              |   | 1b(4)                              |                    | No               |
|  |                | ns or loan guarantees.  |                          |                      |                        |                 |                        |                    |                              |   | 1b(5)                              |                    | No               |
|  |                | rmance of services or m   |                          |                      |                        |                 |                        |                    |                              |   | 1b(6)                              |                    | No               |
| _  | · -            | of facilities, equipment,   |                          |                      | =                      |                 |                        |                    |                              |   | 1c                                 |                    | No               |
|  |                | swer to any of the above  |                          |                      |                        |                 |                        |                    |                              |   |                                    | lue                |                  |
| O<br>II  | f the go       | ods, other assets, or se<br>ansaction or sharing arr  (b) Amount involved | rvices giv<br>angement   | en by th<br>, show i | ne reporti<br>n column | ng foundation   | If the fo<br>of the go | undation ods, othe | received less thai           | n fair mark<br>ces receive                  | et value<br>ed                     | !                  | nts              |
| (-, -  |                | (2)//////   | (0) 11                   |                      |                        |                 |                        |                    |                              | ,   | 9                                  |                    |                  |
|  |                |   |                          |                      |                        |                 |                        |                    |                              |   |                                    |                    |                  |
|  |                |   |                          |                      |                        |                 | -                      |                    |                              |   |                                    |                    |                  |
|  |                |   |                          |                      |                        |                 | +                      |                    |                              |   |                                    |                    |                  |
|  |                |   |                          |                      |                        |                 |                        |                    |                              |   |                                    |                    |                  |
|  |                |   |                          |                      |                        |                 |                        |                    |                              |   |                                    |                    |                  |
|  |                |   |                          |                      |                        |                 |                        |                    |                              |   |                                    |                    |                  |
|  |                |   |                          |                      |                        |                 |                        |                    |                              |   |                                    |                    |                  |
|  |                |   |                          |                      |                        |                 |                        |                    |                              |   |                                    |                    |                  |
|  |                |   |                          |                      |                        |                 |                        |                    |                              |   |                                    |                    |                  |
|  |                |   |                          |                      |                        |                 | -                      |                    |                              |   |                                    |                    |                  |
|  |                |   |                          |                      |                        |                 |                        |                    |                              |   |                                    |                    |                  |
|  |                |   |                          |                      |                        |                 |                        |                    |                              |   |                                    |                    |                  |
|  |                |   |                          |                      |                        |                 |                        |                    |                              |   |                                    |                    |                  |
| d  | lescribe       | ed in section 501(c) of the complete the following                        | ne Code (d<br>schedule   |                      | an sectio              | n 501(c)(3)) o  | rın sect               |                    |                              |   | ·                                  | es 🔽               | No               |
|  |                |   |                          |                      |                        |                 |                        |                    |                              |   |                                    |                    |                  |
|  |                |   |                          |                      |                        |                 |                        |                    |                              |   |                                    |                    |                  |
|  |                |   |                          |                      |                        |                 |                        |                    |                              |   |                                    |                    |                  |
| _  | n the          | e best of my knowledge a<br>ormation of which prepai                      | and belief,<br>er has an | ıt ıs tru            | e, correct             | t, and complet  | e Decla                |                    |                              | May t<br>May t<br>return<br>with t<br>below | r) is ba:<br>he IRS di<br>he prepa | sed on<br>scuss th | all<br>nis<br>wn |
|  |                | -<br>T  |                          | Ι                    |                        |                 | I <sub>5</sub> .       |                    | Tour to to                   |   | nstr)/                             | Yesi               | No               |
|  |                | Print/Type preparer's<br>Donald Butler                                    | name                     | Prepa                | rer's Sıgn             | ature           | Date                   |                    | Check if self-<br>employed ▶ |   | 005414                             | 122                |                  |
| Signature of officer or trustee Date Title return with the preparer shown below (see instr.)? Yes No (see instr.)? |                |   |                          |                      |                        |                 |                        |                    |                              |   |                                    |                    |                  |
| Onl  | ly             | ONE SE THIRD AVE  | NUE SUIT                 | E 1100               | MIAMI,                 | FL              |                        |                    | Phone no (772                | 2)288-980                                   | 00                                 |                    |                  |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Purpose of grant or Recipient

|  | show any relationship to                             | Foundation status of | Purpose of grant or contribution   | Amount |
|--|--|----------------------|--|--------|
| Name and address (home or business)                                      | any foundation manager<br>or substantial contributor | recipient            |  |        |
| <b>a</b> Paid during the year  |  |                      |  |        |
| 500 Year Forest Fund<br>1133 Old Abert Road<br>Lynchburg, VA 24503       | none   | PC                   | To help conserve mature forest and the biologically diverse species they nurture   | 300    |
| Boys & Girls Club Of Martin<br>PO Box 910<br>Hobe Sound, FL 33475        | none   | PC                   | To help serve Martin County youth with after-school and summer programs and to help improve grades, increase physical activity and provide youth with opportunities for community service and leadership roles | 200    |
| Boys Town PO Box 6000<br>Boys Town, NE 68010                             | none   | PC                   | To help give at-risk children and families the love, support and education they need to succeed  | 200    |
| Bread Of Life Kitchen<br>2555 NE Savanna Rd<br>Jensen Beach,FL 34957     | none   | PC                   | Give physical food for the body and spiritual food for the soul, through evangelism by sharing the good news of Jesus Christ Also, give non-perishable food to help the needs of the community                 | 300    |
| Council On Aging 900 SE Salerno<br>Stuart, FL 34997                      | none   | PC                   | To enhance the quality of life<br>for our aging community by<br>providing services that<br>promote well-being and<br>maintain independence   | 500    |
| Discovery Riders PO Box 217<br>Bellefontaine, OH 43311                   | none   | PC                   | Help provide physically,<br>mentally and emotionally<br>challenged people an<br>opportunity to improve their<br>lives through horsemanship   | 200    |
| Fla Sherriff Youth Ranch<br>PO Box 2000<br>Boys Ranch,FL 32064           | none   | PC                   | To help preventing juvenile crime and delinquency by guiding youngsters to productive lives as law-abiding citizens  | 200    |
| Grand Lodge Charitable Foundation<br>PO Box 629<br>Worthington, OH 43085 | none   | PC                   | To help invite, solicit, acquire, receive and accept gifts, bequests, devices and contributions and contract with donors for gift annuities for charitable, educational and scientific purposes                | 200    |
| Guide Eyes For The Blind<br>PO Box 709<br>Yorktown Heights, NY 10598     | none   | PC                   | To provide superbly bred and trained guide dogs to men and women who are blind or visually impaired  | 250    |
| Hardin City Soup Kitchen<br>215 E North St<br>Kenton, OH 43326           | none   | PC                   | To serve the needy of Hardin<br>County   | 300    |
| Harvest Food & Outreach<br>2520 Orange Ave<br>Ft Pierce,FL 34947         | none   | PC                   | To serve those in poverty by providing crisis care, case management, transformative education, food and household subsidy, employmet training and placement and other social service providers                 | 300    |
| Helping Hands Outreach PO Box 151<br>Kenton, OH 43326                    | none   | PC                   | TO HELP FAMILIES RAISE UP<br>OUT OF THE ECONOMIC<br>STRUGGLES  | 350    |
| Hibiscus Children's Center<br>PO Box 305<br>Jensen Beach,FL 34958        | none   | PC                   | To maintain a safe shelter for children who are abused, abandoned and neglected by providing prevention, residential, assessment and recovery programs   | 250    |
| His Servants Place<br>2450 E Ocean Blvd<br>Stuart,FL 34995               | none   | PC                   | To gather people who believed in Jesus Christ and to reach out to the community as an expression of the love that God has for all of us  | 350    |
| House of Hope Martin County<br>2484 SE Bonita Street                     | none   | PC                   | To help provide basic human needs for struggling people in   | 350    |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Purpose of grant or

| Recipient  | If recipient is an individual, show any relationship to | to status of | Purpose of grant or contribution  | A mount |  |
|--|---|--------------|---|---------|--|
| Name and address (home or business)  | any foundation manager<br>or substantial contributor    | recipient    | Contribution  |         |  |
| a Paid during the year   |   |              |   |         |  |
| Humane Soc Of Treas Coast<br>4100 SW Leighton Farm Ave<br>Palm City,FL 34990 | none  | PC           | To assure a better life for companion animals by providing shelter, finding loving homes and promoting respect for their place in our lives   | 750     |  |
| Ladle of Love 10100 SE Federal Hwy<br>Hobe Sound, FL 33455                   | none  | PC           | To make enthusiastic followers of Jesus Christ by joyfully sharing God's love   | 300     |  |
| Manna Kitchen 1500 SE Kanner Hwy<br>Stuart, FL 34995                         | none  | PC           | To serve a variety of persons in our community with a free, hot meal, fellowship and distribute collected resources including bread, clothing, toys and small household items                         | 350     |  |
| Martin Health Foundation<br>PO Box 9010<br>Stuart, FL 34995                  | none  | PC           | To help provide life-saving care to the residents of the Treasure Coast and to have access to cutting edge technologies and equipment, skilled nurses and physicians and new services                 | 10,000  |  |
| Mary's Kitchen 623 East Ocean Blvd<br>Stuart, FL 34994                       | none  | PC           | To open the doors of the parish hall to serve a community dinner to any and all guests  | 350     |  |
| Meals On Wheels<br>3337 SE Salerno Rd<br>Stuart,FL 34996                     | none  | PC           | To help provide hot, noontime<br>meals for those who are<br>unsable to shop or cook   | 500     |  |
| Military Order of Purple Heart<br>Box 96188<br>Washington, DC 20077          | none  | PC           | To provide counsel, a wide range of support, unwavering advocacy and a good measure of love to our warriors   | 200     |  |
| Molly's House 430 SE Ocean Blvd<br>Stuart,FL 34994                           | none  | PC           | To help keep families together by providing short-term, affordable accommodations for the families of hospital loved ones and hospital outpatients  | 350     |  |
| Neighborhood Center<br>115 E Walnut St<br>Kenton, OH 43326                   | none  | PC           | To assist in social services in<br>Kenton, O H  | 300     |  |
| New Horizons of Treasure Coast<br>4500 W Midway Rd<br>Ft Pierce,FL 34981     | none  | PC           | To help provide accessible behavioral and primary healthcare services to children, adults and families to achieve mental and physical wellness to improve quality of life                             | 500     |  |
| O peration Smile 3641 Faculty Blvd<br>Virginia Beach, VA 23453               | none  | PC           | To help provide children and young adults in developing countries who are born with cleft lip, cleft palate or other facial deformities   | 500     |  |
| Our Daily Bread 223 Oakland Square<br>Bellefontaine, OH 43311                | none  | PC           | To help make the life-changing wisdom of the Bible understandable and accessible to all   | 300     |  |
| Planned Parenthood<br>2300 N Florida Mango Rd<br>West Palm Beach,FL 33409    | none  | PC           | To help individuals throughout the world to manage his or her fertility regardless of the individual's income, marital status, race, ethnicity, sexual orientation, age, national origin or residence | 550     |  |
| Redeemer Soup Kitchen<br>2450 SE Ocean Blvd<br>Stuart,FL 34996               | none  | PC           | To provide nutritious meals in a safe, warm, and caring environment free of charge to anyone regardless of age, sex, race or financial qualification or religious beliefs                             | 300     |  |
| Salvation Army PO Box 2475<br>Stuart, FL 34995                               | none  | PC           | To Help preach the gospel of<br>Jesus Christ and to meet<br>human needs in His name<br>without discrimination   | 500     |  |
| Total  |   |              | ▶ 3a  | 54,350  |  |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

|   |  |                                      | the real of Approved for i   |         |
|---|--|--------------------------------------|--|---------|
| Recipient  Name and address (home or business)                              | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution  | A mount |
| <b>a</b> Paid during the year   |  |                                      |  |         |
| Shirley May Breast Cancer<br>PO Box 3265<br>Margate,NJ 08402                | none   | PC                                   | To help benefit patients in<br>Southeastern New Jersey who<br>have been diagnosed with<br>breast cancer  | 300     |
| Special Olympics PO Box 120128<br>Clermont, FL 34712                        | none   | PC                                   | To help provide year-round sports training and athletic competition in a variety of Olympic-type sports for children and adults with intellectual disabilities   | 200     |
| The Safe Space 632 SE Monterey Rd<br>Palm City,FL 34990                     | none   | PC                                   | To offer victims of domestic violence safety, support and education, empowering them to create an independant life, free from violence   | 300     |
| The Smile Train PO Box 96231<br>Washington, DC 20090                        | none   | PC                                   | Helping train, fund and resource to empower local doctors in 85+ developing countries to provide 100%-free cleft repair surgery and comprehensive cleft care in their own communiteis                                | 500     |
| Treasure Coast Food Bank<br>3051 Industrial 25th St<br>Ft Pierce,FL 34950   | none   | PC                                   | To alleviate hunger by optaining and distributig food and other essentials in Indian River, Martin, St Lucie and Okeechobee Counties   | 300     |
| Treasure Coast Hospice<br>1201 SE Indian St<br>Stuart,FL 34997              | none   | PC                                   | To help individuals and families facing serious health issues making choices and support and honor these choices   | 300     |
| Treasure Coast Wildlife Center<br>8626 SW Citrus Blvd<br>Palm City,FL 34990 | none   | PC                                   | To help in the rehabilitation and return to the wild of sick, injured and orphaned wild animals as well as informational services directed toward the public at large  | 250     |
| USO World Hdq PO Box 96860<br>Washington, DC 20077                          | none   | PC                                   | To serve men and women in the U S military, and their families throughout their time in uniform From the moment they join, through their assignments and deploymens and as they transition back to their communities | 200     |
| Women in Philantrophy<br>2135 SE Ocean Blvd<br>Stuart,FL 34996              | none   | PC                                   | To help harness the power of a diverse group of women who through the financial investment and collaboration influence the good health and well being of the community in a significant way                          | 1,000   |
| Visiting Nurse Assoc<br>2400 SE Monterey Blvd<br>Stuart,FL 34996            | none   | PC                                   | To help provide a wide spectrum of senior care aimed to keep patients and clients healthy and independent  | 250     |
| AARP Foundation PO Box 93207<br>Long Beach, CA 90809                        | NONE   | PC                                   | To help serve vulnerable people 50+ by creating and advancing effective solutions that help them secure the essentials   | 50      |
| Doctors without Borders<br>PO Box 5023<br>Hagerstown,MD 21741               | NONE   | PC                                   | To help people worldwide where the need is greatest, delivering emergency medical aid to people affected by conflict, epidemics, disasters, or exclusion from health care  | 200     |
| Elliott Museum 825 NE Ocean Blvd<br>Stuart,FL 34996                         | NONE   | PC                                   | To Help enrich the community through its wide variety of exhibits, collections, classes and lectures, all designed to serve the interests of the people who live and visit the Treasure Coast                        | 300     |
| RE & JSA Foundation PO Box 1379<br>Stuart,FL 34995                          | Affilated  | PF                                   | Charitable Purposes -<br>Scholarship   | 20,000  |
| Barstow-Reed Society PO Box 9010<br>Stuart,FL 34995                         | NONE   | PC                                   | To help buy cutting-edge medical technologies and equipment, start new life-saving programs, build new facilities and educate skilled nursing team   | 10,000  |
| Total   |  | <del></del>                          |  | 54,350  |

# Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

|   |  |                        | <u> </u>   |         |
|---|--|------------------------|--|---------|
| Recipient   | If recipient is an individual,   | Foundation             | Purpose of grant or  | A mount |
| Name and address (home or business)                             | show any relationship to any foundation manager or substantial contributor | status of<br>recipient | contribution   |         |
| a Paid during the year  |  |                        |  |         |
| The Carpenters Kitchen<br>1200 E 10th Street<br>Stuart,FL 34996 | none   | PC                     | To help provide needed meals as a result of natural disasters or catastrophic events | 200     |
| Total   |  |                        |  | 54,350  |

# **TY 2015 Accounting Fees Schedule**

Name: Allen Family Foundation Inc

| Category        | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |
|-----------------|--------|--------------------------|------------------------|---|
| ACCOUNTING FEES | 1,250  |                          |                        |   |

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|                                      |                 |                     |

# **TY 2015 All Other Program Related Investments Schedule**

Name: Allen Family Foundation Inc

| Category | Amount |
|----------|--------|
| NONE     |        |

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# **TY 2015 Depreciation Schedule**

Name: Allen Family Foundation Inc

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# **TY 2015 Investments Corporate Stock Schedule**

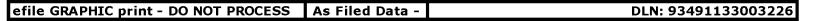
Name: Allen Family Foundation Inc

| Name of Stock      | End of Year Book<br>Value | End of Year Fair<br>Market Value |
|--------------------|---------------------------|----------------------------------|
| EQUITY INVESTMENTS | 576,279                   | 737,358                          |

# **TY 2015 Other Expenses Schedule**

Name: Allen Family Foundation Inc

| Description      | Revenue and Expenses<br>per Books | Net Investment<br>Income | Adjusted Net Income | Disbursements for<br>Charitable Purposes |
|------------------|-----------------------------------|--------------------------|---------------------|--|
| AGENCY FEES      | 8,266                             | 8,266                    |                     |  |
| STATE FILING FEE | 61                                |                          |                     |  |



# **TY 2015 Other Income Schedule**

Name: Allen Family Foundation Inc

| Description        | Revenue And<br>Expenses Per Books | Net Investment<br>Income | Adjusted Net Income |
|--------------------|-----------------------------------|--------------------------|---------------------|
| FEDERAL TAX REFUND |                                   |                          |                     |

# **TY 2015 Taxes Schedule**

Name: Allen Family Foundation Inc

| Category      | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |
|---------------|--------|--------------------------|------------------------|---|
| FOREIGN TAXES | 153    | 153                      |                        |   |