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Form **990-PF** 

Department of the Treasury

### **Return of Private Foundation**

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

OMB No 1545-0052

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

		ndar year 2015 or tax year beginning 8/	1/2015	and	ending	7/31/2016	
	me of fou		1/2013	, and		r identification number	
FL	ORIDA	CHARITIES FDN TAPF					
		d street (or P O box number if mail is not delivered to street address)		Room/suite		59-6125203	
	о вох	,			B Telephone	e number (see instructio	ns)
	y or town		ZIP cod	e	1	•	
OF	RLAND	O FL	32802	-1908		(407) 237-563	6
		ntry name Foreign province/state/county		postal code	C If exempt	ion application is pendir	
	•	•	_		l a champ		.g,
G	Check	all that apply Initial return Initial return	of a former put	olic charity	D 1. Foreig	n organizations, check h	nere ►
		☐ Final return ☐ Amended re	•	one oriently	2 Eoreig	n organizations meeting	the 85% test
		Address change Name chang			_	here and attach comput	
H	Check	type of organization X Section 501(c)(3) exempt pr		n	E If private	foundation status was to	erminated under
$\Box$			able private fou		section 50	07(b)(1)(A), check here	▶∟
干		narket value of all assets at J Accounting method		Accrual	1		
•		f year (from Part II, col (c), Other (specify)	M Casii L	_ Accidai	Y	ndation is in a 60-month ction 507(b)(1)(B), check	
		6) ► \$ 734,436 (Part I, column (d) must be	on cash basis		under sec	20011 307 (b)(1)(b), check	There -
P	art I	Analysis of Revenue and Expenses (The total of			<u> </u>		(d) Disbursements
	art.	amounts in columns (b), (c), and (d) may not necessarily	(a) Revenue a expenses per	I INI NE	et investment	(c) Adjusted net	for chantable
		equal the amounts in column (a) (see instructions) )	books	<u></u>	ncome	ıncome	purposes (cash basis only)
_	1	Contributions, gifts, grants, etc., received (attach schedule)	50	000	* * * * * * * * * * * * * * * * * * *		(Cash basis only)
	2	Check ► if the foundation is <b>not</b> required to attach Sch B	W. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		**************************************	3 7 7 3	
	3	Interest on savings and temporary cash investments		7 88 8 9 8	**************************************	** *** *** ** ************************	
	4	Dividends and interest from securities	14	045	14,045		V / 4
	5a	Gross rents	} <u>' ',</u>	-	11,010		
	Ь	Net rental income or (loss)	F			14 1 1 1	
4	6a	Net gain or (loss) from sale of assets not on line 10		837	A 40		P 17 18 1
Ĭ	b		- (A ( B . Y )		104 6	7	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Revenue	7	Capital gain net income (from Part IV, line 2)	\$		7,837	THE R. P. LEWIS	
è	8	Net short-term capital gain					
_	9	Income modifications	iku a	*	F MANER		FIND I
	10a	Gross sales less returns and allowances	* (	1 1	1 2 2		L I L
	b	Less Cost of goods sold	A. C. 18				
	C	Gross profit or (loss) (attach schedule)		1			
	11	Other income (attach schedule) .					. 4 # 3 7
_	12	Total. Add lines 1 through 14	71,		21,882		
Ś	13	Compensation of officers, directors, trustees, letc D		735	<u>5,367</u>	ļ	5,368
penses	14	Other employee salaries and wages				ļ	
ē	15	Pension plans, employee benefits DEC 1 5 2016	lioi —				
~	16a	Legal rees (attach schedule)					
e	þ	Accounting fees (attach schedule)	<u>lœ</u> 2,	500		ļ	2,500
Ę	C	Other professional fees (attach schedie) EN, UT	<u></u>			<del> </del>	
Ę	17	Interest Taxes (attach schedule) (see instructions)	1	624			
ĬŠ.	18 19	Depreciation (attach schedule) and depletion	<del> </del>	621		<del>                                     </del>	78. 85. 75. 88.
Ē	20	Occupancy	<del></del>				<u> </u>
Þ	21	Travel, conferences, and meetings	<del></del>	<del></del>		<del></del>	
Operating and Administrative Ex	22	Printing and publications	<del> </del>			<del></del>	<del></del>
ă	23	Other expenses (attach schedule)	5.	000		<del>                                     </del>	5,000
ğ	24	Total operating and administrative expenses.		<del></del>			3,500
Ë	- '	Add lines 13 through 23	19	856	5,367	o	12,868
era	25	Contributions, gifts, grants paid		250			87,250
ğ	26	Total expenses and disbursements. Add lines 24 and 25	107,		5,367	0	100,118
<u></u>	27	Subtract line 26 from line 12	107,	100			100,116
	í	Excess of revenue over expenses and disbursements	-35,	224			
	a b	Net investment income (if negative, enter -0-)		manufacture	16,515		
	C	Adjusted net income (if negative, enter -0-)			10,513	^	

p.	art II	Balance Sheets	Attached schedules and amounts in the des	Beginning of year	End o	of year	
			should be for end-of-year amounts only (Se	e instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest	-bearing		<u> </u>		
	2	Savings and tempo	rary cash investments		15,226		
	3	Accounts receivable					343 4 4 5 7 1
		Less allowance for	doubtful accounts				
	4	Pledges receivable			4 1 1 4	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
		Less allowance for	doubtful accounts				
	5	Grants receivable	***************************************				
	6	Receivables due fro	om officers, directors, trustees, ai	nd other			
		disqualified persons	s (attach schedule) (see instruction	ons)	<u> </u>		1
	7	Other notes and loans r	eceivable (attach schedule)		2 4 3 7 7 3		V4 4 14 1
		Less allowance for dou					
ts.	8	Inventories for sale	or use		,		
Assets	9	Prepaid expenses a	and deferred charges				
As	10a		state government obligations (attach sc	hedule)			
	b		orate stock (attach schedule)	,			
	С	•	orate bonds (attach schedule)				
	11		dings, and equipment basis		7	* * * * * * * * * * * * * * * * * * *	
			reciation (attach schedule)		the Mile The Man and spile From the second second	Transferri - om krein 1950 killettin. Tr a dellen omskilletin 5 demon	Protection of the second of Williams (Williams of)
	12	Investments—mort					
	13	Investments—other	= =		599,882	522,719	677,271
İ	14	Land, buildings, and eq	· ·		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
i					10 10 1 24.5 100 1.273.5 100.7 2		
	15	Other assets (descr		)			
'	16	•	completed by all filers-see the	/			
		instructions Also, s			615,108	579,884	734,436
	17		and accrued expenses				THE REPORT OF THE PERSON
<b>,</b>	18	Grants payable	•				7
Liabilities	19	Deferred revenue					V. Y
Ē	20	Loans from officers, d	irectors, trustees, and other disqualif	ied persons			* * * * *
ia p	21		er notes payable (attach schedule				
_	22	Other liabilities (des		)			
	23		ld lines 17 through 22)	,	0	0	* F + F + 3
			follow SFAS 117, check here	▶ □			
ë	}		s 24 through 26 and lines 30 ar	nd 31.		1	
Ĕ	24	Unrestricted			}		
Balances	25	Temporarily restrict	ed				7. 7 6 5 4 7
	26	Permanently restric	ted				* * 4 6 4 3
Net Assets or Fund		Foundations that	do not follow SFAS 117, check	here ▶ 🗓			
Ē		and complete lines	s 27 through 31.				445-111
0	27	Capital stock, trust	principal, or current funds		615,108	579,884	14414
ets	28	Paid-in or capital su	urplus, or land, bldg, and equipm	ent fund	L		
SS	29	Retained earnings, ac	ccumulated income, endowment, or o	ther funds			
Ž	30	Total net assets o	r fund balances (see instruction	s)	615,108	579,884	
Ē	31	Total liabilities and	d net assets/fund balances (se	е		}	24.75
_		instructions)			615,108	579,884	X
Pa	rt III	Analysis of Ch	anges in Net Assets or Fun	d Balances			
1			alances at beginning of year—Pa	art II, column (	a), line 30 (must agi	ee with	
	end-c	of-year figure reporte	d on prior year's return)			1_1_	615,108
2	Enter	amount from Part I,	line 27a .			2	-35,224
3			ded in line 2 (itemize)			3	
4	Add I	ines 1, 2, and 3	4	579,884			
5	Decre	eases not included in	ı line 2 (itemize)			5	
6	Total	net assets or fund b	alances at end of year (line 4 mil	nus line 5)—Pa	art II, column (b), lin	e 30 <b>6</b>	579,884
			···				Form 990-PF (2015)

Part		the kind(s) of property sold (e.g., real estate		me	(b) How acquired	(c) (	Date acquired	(d) Date sold	
	2-story brick wareho	ouse, or common stock, 200 shs MLC Co			P—Purchase D—Donation		o, day, yr)	(mo , day, yr )	
<u>1a</u>	See Attached Statement							<del></del>	
<u>b</u>									
c d								<del></del>	
e		<del> </del>							
	(e) Gross sales price	(f) Depreciation allowed (or allowable)			other basis use of sale			n or (loss) f) minus (g)	
<u>a</u>						L			
<u>b</u>		<del></del>	<del></del>			<del> </del>		<del></del>	
d						-			
e									
	Complete only for assets st	nowing gain in column (h) and owned	by the four	ndation	on 12/31/69		(I) Gains (Col	(h) gain minus	
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		-	s of col (i) (j), if any			t less than -0-) <b>or</b> rom col (h))	
a_						<u> </u>			
<u>b</u>									
- d									
е									
2	Capital gain net income o	ir (net canital inee) (	also enter , enter -0-		•	2		7,837	
3	· -	n or (loss) as defined in sections I, line 8, column (c) (see instruction			ter -0- ın				
	Part I, line 8				}	3		0	
Part		der Section 4940(e) for Redunctions subject to the s							
Was		ve this part blank esection 4942 tax on the distribut equalify under section 4940(e) D				ase pe	eriod?	Yes X No	
1		ount in each column for each yea	r, see the	ınstruc	tions before ma	king a	ny entries		
Cal	(a) Base period years endar year (or tax year beginning ii	(b) Adjusted qualifying distribution	s Net	value of	(c) f nonchantable-use a	ssets		(d) tribution ratio divided by col (c))	
	2014		5,075			5,484		0 106813	
	2013		9,565			7,535	<del></del>	0 223666	
	2012		9,300			7,593	<u> </u>	0 059763	
	2011 2010		4,703 7,885			3,545 9,533		0 120592 0 107287	
	2010		7,000			<del>5,555</del>		0 107207	
2 3	Total of line 1, column (d	) for the 5-year base period—divid	le the total	on lin	e 2 by 5 or by th	ne l	2	0 618121	
	-	dation has been in existence if le			0 2 by 0, 0, by a	.	3	0 123624	
4	Enter the net value of nor	ncharitable-use assets for 2015 fr	om Part X	, line 5	<b>5</b>		4	703,706	
5	5 Multiply line 4 by line 3						5	86,995	
6 Enter 1% of net investment income (1% of Part I, line 27b)					6	165			
7	Add lines 5 and 6						7 87,16		
8	Enter qualifying distribution		D-41/1/	- 4:			8	100,118	
	If line 8 is equal to or great Part VI instructions	ater than line 7, check the box in	rart VI, lin	ie 16, a	and complete tha	at part	using a 1%	tax rate See the	

Part	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions	tions)	
1a	Exempt operating foundations described in section 4940(d)(2), check here   and enter "N/A" on line 1  Date of ruling or determination letter   (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► X and enter 1% of Part I, line 27b	165	FY.
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		1
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	0	
3	Add lines 1 and 2	165	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	165	
6	Credits/Payments		
а	2015 estimated tax payments and 2014 overpayment credited to 2015   6a   1,621	4	
þ	Exempt foreign organizations—tax withheld at source 6b 6b	# I	
С	Tax paid with application for extension of time to file (Form 8868)		
đ	Backup withholding erroneously withheld  6d  6d	T &	7/30
7	Total credits and payments Add lines 6a through 6d	1,621	
8	Enter any penalty for underpayment of estimated tax. Check here  if Form 2220 is attached  8		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	0	
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be Credited to 2016 estimated tax      10	1,456 1,291	
Part	VII-A Statements Regarding Activities		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	Yes Yes	No
_	participate or intervene in any political campaign?	1a	<u> </u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	1 1	١.,
	Instructions for the definition)?	1b	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities	Pal   1	
С	Did the foundation file Form 1120-POL for this year?	1c	₩ X
ď	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	<b>36</b> 33	7
_	(1) On the foundation ▶\$ (2) On foundation managers ▶\$	₹.	2
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers >\$	-   ]	,
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?  If "Yes," attach a detailed description of the activities	2	X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b N/A	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	X
	If "Yes," attach the statement required by General Instruction T		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		
	By language in the governing instrument, or		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that     conflict with the state law somein in the governing instrument?		
7	conflict with the state law remain in the governing instrument?  Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	6 X 7 X	<del> </del>
7 8a	Enter the states to which the foundation reports or with which it is registered (see instructions)		
Ua	FL		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		3
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)		
	or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If		
	"Yes," complete Part XIV	9	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		ĺ
	names and addresses	10	<u> </u>
		Form 990-PF	(201E)

- **▶** 20 , 20 , 20 , 20 , 20 ,
- Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?
- b If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015)
- Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
- 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?

N/A 3b

**4**a

4b

Yes X No

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Part	i VII-B	Statements Regarding Activities f	<u>or Wh</u>	ich Form 47	720 Ma	y Be Req	<u>uired (</u>	<u>continue</u>	<u>d)</u>	
5a		he year did the foundation pay or incur an y on propaganda, or otherwise attempt to			(section	on 4945(e))	?	Yes	X No	
	• •	ence the outcome of any specific public el tly or indirectly, any voter registration driv		(see section	4955),	or to carry o	on,	Yes	X No	
	( <b>3</b> ) Prov	ride a grant to an individual for travel, stud	y, or ot	her sımılar pı	urposes	37		Yes	X No	
		ide a grant to an organization other than a on 4945(d)(4)(A)? (see instructions)	a charit	able, etc , orç	ganızatı	on describe	ed in	☐ Yes	<b>⊠</b> No	
		ide for any purpose other than religious, o oses, or for the prevention of cruelty to ch			literary	, or educati	onal	Yes	<b>∑</b> No	
b		nswer is "Yes" to 5a(1)–(5), did <b>any</b> of the ions section 53 4945 or in a current notice							bed in	5b N/A
		ations relying on a current notice regardin							▶ 🗌	
С	because	swer is "Yes" to question 5a(4), does the it maintained expenditure responsibility f	or the o	grant?	·	n from the to N/A	ax	☐ Yes	☐ No	
6a	Did the	attach the statement required by Regulat foundation, during the year, receive any fursonal benefit contract?			o pay prem	iums	☐ Yes	X No		
b		foundation, during the year, pay premiums	direc	tly or indirect	h, on a	personal b	onofit c		⊠ MO	6b X
_	If "Yes"	to 6b, file Form 8870		•	-		enenic	_	[Z]	
7a b		ne during the tax year, was the foundation a pa did the foundation receive any proceeds					the trai	Yes nsaction?	X No	7b N/A
	VIII	Information About Officers, Directo								
		and Contractors								
_1_	List all	officers, directors, trustees, foundation								
		(a) Name and address	hou devo	e, and average irs per week ted to position	(lf	mpensation not paid, nter -0-)	emple	Contribution byee benefit erred compe	plans	(e) Expense account, other allowances
	RUST B		TRUS			40.705				
<u> </u>	OX 1900	3 ORLANDO, FL 32802-1908	VARIC	ARIOUS 10,735						
					-					
2	Compe "NONE.	nsation of five highest-paid employees	(other	than those	include	ed on line 1	l—see	instructi	ons). If	none, enter
	(a) Name a	and address of each employee paid more than \$50,00	0	(b) Title, and a hours per v devoted to p	veek	(c) Comper	sation	(d) Contrib employee plans and compens	benefit deferred	(e) Expense account, other allowances
NONE							_			
				<del>                                     </del>				 		
							.—			<del>-</del>
				ļ						
			·•-							
Total	number	of other employees paid over \$50,000	-						Þ	
									F	orm <b>990-PF</b> (2015)

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 NONE (c) Type of service (c) Type of service (c) Compensation NONE (c) Type of service (c) Type of servi	Pa	rt VIII	Information About Officers, Directors, Trustees, Foundation Manage and Contractors (continued)	rs, Highly Paid En	nployees,
(a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE (c) Compe	3	Five h		ns). If none, enter "N	NONE."
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 relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc  1 NONE  2					(c) Compensation
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 chantable activities during the tax year include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc.  1 NONE  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  Amount  1 NONE  All other program-related investments See instructions  3 NONE  Total. Add lines 1 through 3	NON	IE			
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 chantable activities during the tax year include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc.  1 NONE  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  Amount  1 NONE  All other program-related investments See instructions  3 NONE  Total. Add lines 1 through 3					
Part IX-A Summary of Direct Charitable Activities  List the foundation's four largest direct chantable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc.  1 NONE  2					
Part IX-A Summary of Direct Charitable Activities  List the foundation's four largest direct chantable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc.  1 NONE  2					
Part IX-A Summary of Direct Charitable Activities  List the foundation's four largest direct chantable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc.  1 NONE  2					
List the foundation's four largest direct chantable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc  1 NONE  2	Tota	I number	of others receiving over \$50,000 for professional services	<b>•</b>	
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  All other program-related investments See instructions  All other program-related investments See instructions  NONE  All other program-related investments See instructions  NONE  Total. Add lines 1 through 3	Pa	rt IX-A	Summary of Direct Charitable Activities		
2  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  Amount  NONE  All other program-related investments See instructions  NONE  Total. Add lines 1 through 3				as the number of	Expenses
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  Amount  NONE  All other program-related investments See instructions  NONE  Total. Add lines 1 through 3	1	NONE			
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  Amount  NONE  All other program-related investments See instructions  NONE  Total. Add lines 1 through 3				·	
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  Amount  All other program-related investments See instructions  NONE  Total. Add lines 1 through 3	2				
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  Amount  All other program-related investments See instructions  NONE  Total. Add lines 1 through 3					
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  Amount  1 NONE  All other program-related investments See instructions 3 NONE  Total. Add lines 1 through 3	3				
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2  Amount  NONE  All other program-related investments See instructions  NONE  Total. Add lines 1 through 3	4				
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2  Amount  NONE  All other program-related investments See instructions  NONE  Total. Add lines 1 through 3					
1 NONE  2  All other program-related investments See instructions 3 NONE  Total. Add lines 1 through 3					<del></del>
All other program-related investments. See instructions  3 NONE  Total. Add lines 1 through 3			wo largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
All other program-related investments See instructions  3 NONE  Total. Add lines 1 through 3	1	NONE			
3 NONE  Total. Add lines 1 through 3  ▶	2				
3 NONE  Total. Add lines 1 through 3  ▶					
Total. Add lines 1 through 3 ▶	All	other progr	am-related investments. See instructions		
ب سور کا در او در کو	3	NONE			
ب سور کا در او در کو					<u> </u>
	Tota	II. Add lir	es 1 through 3		0 PF (0045)

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreign	ı foundatı	ons,
	see instructions )		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	*	
	purposes		
а	Average monthly fair market value of securities	1a	705,293
b	Average of monthly cash balances	1b	9,129
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	714,422
е	Reduction claimed for blockage or other factors reported on lines 1a and	W P	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	714,422
4	Cash deemed held for charitable activities Enter 1 ½ % of line 3 (for greater amount, see		
	instructions)	4	10,716
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	703,706
6	Minimum investment return. Enter 5% of line 5	6	35,185
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating		<del></del>
	foundations and certain foreign organizations check here   ightharpoonup and do not complete this part )		
1	Minimum investment return from Part X, line 6	1	35,185
2a	Tax on investment income for 2015 from Part VI, line 5	2 (h)	
b	Income tax for 2015 (This does not include the tax from Part VI)	<b>***</b>	
С	Add lines 2a and 2b	2c	165
3	Distributable amount before adjustments Subtract line 2c from line 1	3	35,020
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	35,020
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	35,020
	Outlife in a Distail without (and materials)		
Paru	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	1 3 m	
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the	1	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	100,118
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see instructions)	5	165
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	99,953
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wh	nether the f	
	qualifies for the section 4940(e) reduction of tax in those years		

Part	XIII Undistributed Income (	see instructions)				
			(a)	(b)	(c)	(d)
1	Distributable amount for 2015 from	n Part XI,	Corpus	Years prior to 2014	2014	2015
	line 7		とと対しななれ	A 1 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		35,020
2	Undistributed income, if any, as of the	end of 2015	715761			CENTER I
а	Enter amount for 2014 only				0	
b	' '	20, 20	111111		T	JATES A. J
3	Excess distributions carryover, if a	any, to 2015		1.77		
а	From 2010	31,151				1.1.7.1
þ	From 2011	38,040	2723474		11111	
C	From 2012	6,625	* * X CVA K	11111		77.14
d	From 2013	147,530		WATER OF THE		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
e	From 2014	46,194			TYPE	14 × 1 ( 1 )
f	Total of lines 3a through e		269,540	12.37942	Platica	2002 6 27
4	Qualifying distributions for 2015 fr	om Part XII,	1111414	4.0 4.7 4.	111111	SPLIE!
	line 4 ▶ \$ 100,118		* * * * * * *	* 1.1.7.7.4	ZX ( Y ( ) )	
а	Applied to 2014, but not more than			* 1 * 7 * 7 3		I P 4 7 X 3 :
þ	Applied to undistributed income of		, 4 2 3 4 E			1 1 47 1 1
	(Election required—see instruction	·	**************************************			11271.
С	Treated as distributions out of cor	pus (Election				
	required—see instructions)					
d	Applied to 2015 distributable amo					35,020
е _	Remaining amount distributed out	· ·	65,098			10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5	Excess distributions carryover app		## # # # # # # # # # # # # # # # # # #			F * '&T & B & . & Y *4 &
	(If an amount appears in column (	•				
•	amount must be shown in column Enter the net total of each column					
6	indicated below:	1111 a5				
а	Corpus Add lines 3f, 4c, and 4e	Subtract line 5	334.638			
b	Prior years' undistributed income		35-7,030 11-5-7-1	E SS (CIECES & VENEZA Y S.		1 1 1 2 1 4 2
_	line 4b from line 2b			o		1111
c	Enter the amount of prior years' up	ndistributed		<del>_</del>		414.
Ū	income for which a notice of defici					
	been issued, or on which the sect	•	4 7 3 6 %		* * * * *	
	tax has been previously assessed					
d	Subtract line 6c from line 6b Taxa		1. 1. 2. 7. 1. 1			******
	amount—see instructions .		13 77 21			
е	Undistributed income for 2014 Su	ibtract line	14114			
	4a from line 2a Taxable amount-	-see				100
	instructions			3 + 7 / 7 / 1	0	
f	Undistributed income for 2015 Su		******	1.73 (174	17.12.615	
	4d and 5 from line 1 This amount	must be	* * * * * * * * *		######################################	
_	distributed in 2016					0
7	Amounts treated as distributions of					
	to satisfy requirements imposed b	•		NA ATOMA		
	170(b)(1)(F) or 4942(g)(3) (Electic required—see instructions)	on may be				2 8 8 6 4 8 3
8	Excess distributions carryover from	m 2010 not		N N Z		
·	applied on line 5 or line 7 (see ins		31,151			
9	Excess distributions carryover	•	01,101			
-	Subtract lines 7 and 8 from line 6a		303,487		* *	
10	Analysis of line 9					
а	Excess from 2011	38,040				
b	Excess from 2012	6,625	<b>《西海公》以及</b> 第			
С	Excess from 2013	147,530				
d	Excess from 2014	46,194				
<u>e</u>	Excess from 2015	65,098				
				·		Form <b>990-PF</b> (2015)

OI III O	1 2010/1 01/1/11/20			<del> </del>		00 0 12020		<u></u>
Part						N/A	<u> </u>	
1a	If the foundation has received a ruling of			ate operating				
	foundation, and the ruling is effective for	•	~	•				
b	Check box to indicate whether the foundation	n is a private operat	ing foundation descr	ibed in section		4942(ј)(3) ог	4942(J)	(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years			(e) Total	
	income from Part I or the minimum investment return from Part X for	(a) 2015	(b) 2014	(c) 2013	(d) 20	12	(e) 10tai	
	each year listed							0
b	85% of line 2a					1		0
С	Qualifying distributions from Part XII,							_
_	line 4 for each year listed				1	ļ		0
d	Amounts included in line 2c not used directly							
	for active conduct of exempt activities					l		0
е	Qualifying distributions made directly							Ť
•	for active conduct of exempt activities					Ì		
	Subtract line 2d from line 2c				•	j		0
•								
3	Complete 3a, b, or c for the					1		
_	alternative test relied upon "Assets" alternative test—enter					1		
а						l l		_
	(1) Value of all assets		<del></del>					_0
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)				ı			0
b	"Endowment" alternative test-enter 2/3							_
	of minimum investment return shown in Part X, line 6 for each year listed				l	<b>.</b>		0
С	"Support" alternative test—enter							
_	(1) Total support other than gross							
	investment income (interest					l l		
	dividends, rents, payments on securities loans (section	1						
	512(a)(5)), or royalties)					1		0
	(2) Support from general public							<u> </u>
	and 5 or more exempt					1		
	organizations as provided in section 4942(j)(3)(B)(iii)					1		0
	(3) Largest amount of support from							<u> </u>
	an exempt organization	İ			!	}		0
	(4) Gross investment income							<del>_</del>
Part		(Complete this	nart only if the	foundation ha	1 \$5 000	or more in	accete a	_=
	any time during the year—		•	, iouiioution iiu	u ψ0,000	01 111010 111	ussets u	•
1	Information Regarding Foundation			<del> </del>				
a	List any managers of the foundation wh		d more than 2% of	f the total contribut	ions recei	ved by the fo	undation	
	before the close of any tax year (but or							
N/A	, , , , , , , , , , , , , , , , , , , ,	,		(		/(//		
b	List any managers of the foundation wi	00 own 10% or mo	re of the stock of a	corporation (or a	l vlleune n	arge portion	of the	
~	ownership of a partnership or other ent			•		arge portion	0, 11,0	
N/A	or a paralelemp of and or	,		70 or grouter intere	,,,,			
2	Information Regarding Contribution	Grant Gift Loan	Scholarshin et	o Programe:				
-	Check here ▶ ☐ If the foundation or			_	izatione ai	ad doos not	accont	
	unsolicited requests for funds. If the for							
	under other conditions, complete items	_	, g.a, 0.0 (00			or organizat	.0.10	
	The name, address, and telephone nur		Irace of the person	to whom conlicat	one choul	d bo oddroo		
а	The hame, address, and telephone hu	inder or e-mail auc	iress of the person	i to whom applicat	ions snour	u be address	eu	
ם וווו		DK EL 02700						
	P TIEDTKE P O BOX 910 WINTER PA		<b>-6</b>	-4l4bbl	d on alcoda			
D	The form in which applications should l	be submitted and i	mormation and ma	ateriais they should	include			
LETT	ER FORM							
	Any submission deadlines		<del></del>					—
·	Tary Submission deadines							
Н	Any restrictions or limitations on award	s, such as hy geor	graphical areas of	naritable fields kin	ds of instit	utions or oth	ner	—
u	factors	-, 0-0.1 ab by 900(	,pr.11001 01000, 01	.c. nabio noido, Riff				
TAX I	EXEMPT ORGANIZATIONS WITHIN TH	E MEANING OF	RS CODE SECTI	ON 501(C)(3)				

Part XV Supplementary Information (continued)

3	Grants and Contributions Paid During t	he Year or Approve	d for Fut	ure Payment	
	Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
	Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
	Paid during the year				
See A	ttached Statement				
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	Total	<u> </u>			07.050
b	Approved for future payment		[	<b>▶</b> 3a	87,250
NONE	£				ļ
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		•			
					[
					Į.
	Total			<b>▶</b> 3b	0
				Form	990-PF (2015)

rа	πλνι	Analysis of income-Producing Ac	tivities				
Ente	er gros	s amounts unless otherwise indicated	Unrelated bu	isiness income	Excluded by sect	on 512, 513, or 514	(e)
_	D		(a) Business code	( <b>b)</b> Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1		ram service revenue	<b></b>	<del></del>	<u> </u>	<del></del>	
	a _ b		<del> </del>	<del></del>	<del> </del>		·
	C _			<del></del>			<del></del>
	d _			L <del></del>	<del>                                     </del>	<del></del>	<del></del>
	ч _ e				<del> </del>		
	ř –		<del></del>		<del>                                     </del>		<del> </del>
	g F	ees and contracts from government agencies	ļ		<del> </del>		<del> </del>
2	-	bership dues and assessments	<del></del>	-			
3		est on savings and temporary cash investments	ļ	- <del></del>	<del></del>		<del></del>
4		ends and interest from securities			14	14,045	<del></del>
5		ental income or (loss) from real estate	# 3 L # %	<b>FATS 4 4.</b> 3			****
		ebt-financed property					
		lot debt-financed property					
6	Net r	ental income or (loss) from personal property					
7	Othe	r investment income					
8	Gain	or (loss) from sales of assets other than inventory			18	7,837	
9		ncome or (loss) from special events		·			
10		s profit or (loss) from sales of inventory					
11		r revenue a	<u> </u>	<u> </u>	<u> </u>		
			ļ		<b> </b>		ļ
		<del></del>	ļ		<b> </b>		ļ
			<b> </b>				<del></del>
12	e	otal Add columns (b), (d), and (e)			N7. N4	21,882	0
		I. Add line 12, columns (b), (d), and (e)	**************************************		<b>8.6.7. ₹</b> ₹ 7.8 <b>%</b>	13	21,882
		sheet in line 13 instructions to verify calculation	e )			13	21,002
	rt XVI			ent of Exempt	Purposes		
_	e No.	Explain below how each activity for which incom				I importantly to the	<del></del>
	▼	accomplishment of the foundation's exempt purp	poses (other than	by providing fund	s for such purpo:	ses) (See instructi	ons)
		Not Applicable	<del>, , , , , , , , , , , , , , , , , , , </del>				
			<del></del>				
			- <del></del>				
		<del></del>					
				<del></del>			
		<del></del>		<del> </del>			
		<del> </del>		<del></del>		<del></del>	<del></del>
		<del> </del>			<del></del>	<del></del>	<del> </del>
		<del> </del>					
			<del></del>				
				<u> </u>			

Form 99	)-PF (	2015) FLORIDA	CHARITIES FON TA	APF					59-6 <sup>-</sup>	125203	Page 13
Part	XVII	Information Exempt Org	Regarding Trans	fers To	and Trans	action	s and Re	lationships Wi	th Noncha	ritable	
	ın se polit	the organization of ection 501(c) of the local organizations	directly or indirectly elucities Code (other than so	ection 50	)1(c)(3) orga	nızatıon	s) or in se	ction 527, relating			Yes No
	(1) (	isfers from the re Cash Other assets	porting foundation to	a noncha	arıtable exen	npt orga	nization of	·		1a(1)	X
b	Othe	er transactions	a noncharitable exer	npt orgai	nızatıon					1a(2) 1b(1)	
	( <b>3</b> ) F		ets from a noncharital , equipment, or other rrangements		pt organizat	ion				1b(2) 1b(3) 1b(4)	X
	(5) L (6) F	oans or loan gua Performance of se	irantees ervices or membershi		-					1b(5) 1b(6)	X X
d	If the	answer to any of the of the goods, other	equipment, mailing list the above is "Yes," com er assets, or services gi n or sharing arrangemer	plete the ven by the	following sche e reporting for	edule Co undation	olumn (b) sl If the found	dation received les	s than fair ma	arket	X
(a) Line	no	(b) Amount involved	(c) Name of nonch	antable ex	empt organizatio	on	(d) Desci	option of transfers, tra	nsactions, and s	sharing arra	ingements
		<del></del>	Not Applicable								
	-	<del></del>	<del> </del>				<del></del>				
	_		<del> </del>								
			1								
					<u> </u>						
					· <u> </u>						
	_										
			<b> </b>				<u> </u>				
			<b> </b>								
								<del></del>			
	desc	cribed in section 5	L ctly or indirectly affilia 501(c) of the Code (of						ations	] Yes	⊠ No
<u>b</u>	it "Y		following schedule		# 1 T		<del></del>	<del> </del>	<del></del>	<del> </del>	
		(a) Name of organ	nization		(b) Type of org	anization		(c) De	escription of rela	tionship	
							+	<del></del>			
							+				
							+				
		<del></del>	<del></del>		<del></del>		+				
	Unde	er penalties of perjury, I dec	clare that I have examined this ret	um, including	accompanying sch	edules and	statements, and	to the best of my knowledge	ne and belief, it is tr		
Sign			ion of preparer (other than taxpay							IRS discuss	this return
Here		Bermana accred			12/1/2016	TR	USTEE_		with the	preparer sho	wn below
	Sig	nature of officer or tru	stee		Date	Title			(see insi	ructions) / []	X)Yes No
Paid		Print/Type preparer	's name		r's signature			Date	Check X if	PTIN	
Prana	rar	SHAWN P HAI	NLON	1-209	LIC, em			12/1/2016	self-employed		4310

► PRICEWATERHOUSECOOPERS, LLP

Firm's address ► 600 GRANT STREET, PITTSBURGH PA 15219

Paid

**Preparer** 

Use Only

412-355-6000

Firm's EIN ▶ 13-4008324

Phone no

#### Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury

Name of the organization

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

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

Schedule of Contributors

OMB No 1545-0047

2015

Employer identification number

FLORIDA CHARITIES FDN TAPF 59-6125203 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ). Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its

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

**Employer identification number** Name of organization **FLORIDA CHARITIES FDN TAPF** 59-6125203 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution EASTGATE FARMS INC Person ...1... 1000 HOLT AVENUE **Payroll** WINTER PARK FL 32789-4499 \$ 50,000 Noncash Foreign State or Province (Complete Part II for Foreign Country noncash contributions) (a) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** Person **Payroll** Noncash Foreign State or Province (Complete Part II for noncash contributions ) Foreign Country (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash Foreign State or Province (Complete Part II for Foreign Country noncash contributions) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash Foreign State or Province (Complete Part II for Foreign Country noncash contributions) (b) (a) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash Foreign State or Province (Complete Part II for Foreign Country noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash Foreign State or Province (Complete Part II for Foreign Country noncash contributions)

Name of organization FLORIDA CHARITIES FDN TAPF Employer identification number 59-6125203

Part II	Noncash Property (see instructions) Use duplicate co	pies of Part II if additional spa	ce is needed
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

vame or org FLORIDA (	ganization CHARITIES FDN TAPF		59-6125203
Part III	Exclusively religious, charitable, etc., co	ontributions to organization	
	(10) that total more than \$1,000 for the y	ear from any one contribut	or. Complete columns (a) through (e) and
	the following line entry For organizations of	ompleting Part III, enter the t	otal of exclusively religious, charitable, etc,
			See instructions ) > \$
(a) No.	Use duplicate copies of Part III if additional	space is needed	<del> </del>
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and Z	P + 4 Re	lationship of transferor to transferee
	For Prov Country		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and Z	P + 4 Re	lationship of transferor to transferee
	For Prov Country		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(b) i urpose or gire		(u) Description of now girls not
		(e) Transfer of gift	
	Transferee's name, address, and Z	P + 4 Re	lationship of transferor to transferee
	For Proy Country		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and Z	P + 4 Re	lationship of transferor to transferee
	For Draw		

FLORIDA CHARITIES FDN TAPF	- <del></del>			59-612	5203 Page 2	2 of 2
Continuation of Part XV, Lin	<u>e 3a (990-PF) -</u>	Gran	ts and Con	tributions Paid	During the	<b>Year</b>
Recipient(s) paid during the year						
Name SHERIFF'S MEADOW FOUNDATION				<del></del>		
Street						
57 David Ave		State	Zip Code	Foreign Coun	trv	
Vineyard Haven		MA	02568	l oroigii oouii	<b>y</b>	
Relationship	Foundation Status					
NONE_	PC				<del></del>	
Purpose of grant/contribution GENERAL CHARITABLE PURPOSES					Amount	1,000
Name THE AMERICAN DIABETES ASSOCIA	TION					
Street	.,,,,,,					
111 W St John St #1150			<del>,                                     </del>	<del></del>		
City			Zip Code	Foreign Coun	try	
San Jose Relationship	Foundation Status	CA	95113			
NONE	PC					
Purpose of grant/contribution GENERAL CHARITABLE PURPOSES	<u></u>			<del></del>	Amount	1,000
Name		_				
Street						
City		State	Zip Code	Foreign Coun	try	
Relationship	Foundation Status					
Purpose of grant/contribution					Amount	
Name						
Street	<del></del>			<del></del>		
City		State	Zip Code	Foreign Coun	try	
Relationship	Foundation Status					
Purpose of grant/contribution					Amount	
Name						
Street					<del></del>	
City		State	Zip Code	Foreign Coun	try	
Relationship	Foundation Status		<del></del>	<del> </del>		
Purpose of grant/contribution	<del></del>		· · · · · · · · · · · · · · · · · · ·	···	Amount	
Name					<del></del>	
Street						
City		State	Zip Code	Foreign Coun	try	
Relationship	Foundation Status	<u></u>	<del></del>	<del></del>		
Purpose of grant/contribution		·		<del></del>	Amount	·

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	7,837	0			Net Gain	or Loss	-198	-37	0	-33	3.094	5,011
Net Gain or Loss			_		ž		0	0	0	0	o	0
1						Adjustments						
sis, Expenses,	77,163	٥		-		Depreciation						
Cost or Other Basis, Expenses, Depreciation and Adjustments				Expense of Sale	and Cost of	Improvements						
S	85,000				Valuation	Method						
Gross					Cost or	Other Basis	15,198	20,037	15,000	8,783	906'9	11,239
Totals	Capital Gains/Losses	Omer sales			Gross Sales (	Price	15,000	20,000	15,000	8,750	10,000	16,250
	Ö				Date	Sold	1/19/2016	4/8/2016	5/10/2018	5/24/2016	5/10/2016	5/24/2016
		ľ			Date	Acquired	1/15/2015	1/15/2015	1/15/2015	1/15/2015	8/24/2007	8/24/2007
					Acquisition	Method						
			Check "X" if	Purchaser	IS a	Business						
						Purchaser						
				Check "X"	to include	in Part IV	×	×	×	×	×	×
Amount	0	5				CUSIP#	922031836		922031836	922031836	922908306	922908306
	Long Term CG Distributions	Short Lerm CG Distributions				Description	VANGUARD S/T INVEST GR-4		VANGUARD S/T INVEST GR-4	VANGUARD S/T INVEST GR-4	VANGUARD TOT STK MKT-IN	VANGUARD TOT STK MKT-IN

Part I, Line 16b (990-PF) - Accounting Fees

	2,500	0	0	2,500
			-	Disbursements
	Revenue and			for Charitable
	Expenses per	Net Investment	Adjusted Net	Purposes
Description	Books	Income	Income	(Cash Basis Only)
1 TAX PREP FEES	2,500			2,500

Part I, Line 18 (990-PF) - Taxes

	1,621	0		0
	Revenue			Disbursements
	and Expenses	Net Investment	Adjusted	for Charitable
Description	per Books	Income	Net Income	Purposes
1 ESTIMATED EXCISE TAXES PAID	1,621			

Part I, Line 23 (990-PF) - Other Expenses

	5,000	0	0	5,000
	Revenue and			Disbursements
	Expenses	Net Investment	Adjusted Net	for Charitable
Description	per Books	Income	Income _	Purposes
1 REVERSALS - TRANSACTION	5,000	0		5,000

Part II, Line 13 (990-PF) - Investments - Other

		599,882	522,719	677,271
	Basis of	Book Value	Book Value	FMV
Asset Description	Valuation	Beg. of Year	End of Year	End of Year
1 SEE ATTACHED STATEMENT			522,719	677,271

Income	
vestment	
n no xi	
s for Ta	
nd Losses	
ains and	
apital G	
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H IV (990	
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													•
Long Term CG Distributions	0												
Short Term CG Distributions	0				85,000	0	0	77,163	7,837	0	0	0	7,837
				-				Cost or Other		FM V	Adjusted Basis	Excess of FMV	Garns Minus
	_	Acquistion	Date	Date	Gross	Depreciation		Basis Plus		asof	as of	Over	Excess FMV Over
Description of Property Sold	CUSIP#	Method	Acquired	Sold	Sales Price	Allowed	Adjustments	Expense of Sale	Gain or Loss	12/31/69	12/31/69	Adjusted Basis	Adj Basis or Losses
1 VANGUARD S/T INVEST GR-4	922031836		1/15/2015	1/19/2016	15,000		0	15,198	-198	0	0	ō	-198
2 VANGUARD S/T INVEST GR-4	922031836		1/15/2015	4/8/2016	20,000		0	20,037	-37	6	0	<u>_</u>	-37
3 VANGUARD S/T INVEST GR-A	922031836		1/15/2015	5/10/2016	15,000		0	15,000	0		,	ō	0
4 VANGUARD S/T INVEST GR-A	922031836		1/15/2015	5/24/2016	8,750		0	8,783	-33	0	0	ō	-33
6 VANGUARD TOT STK MKT-IN	922908306		8/24/2007	5/10/2016	10,000		0	906'9	3,094	0	0	ō	3,094
6 VANGUARD TOT STK MKT-IN	922908306		8/24/2007	5/24/2016	16,250		0	11,239	5,011	0	0	O	5,011
													.,

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

									10,735	2	n
 	Check "X"							Avg Hrs			Expense
Name	if Business	Street	City	State	Zip Code	Foreign Country	Title	Per Week	Compensation	Benefits	Account
SUNTRUST BANK	×	P O BOX 1908	ORLANDO	FL 3	32802-1908		TRUSTEE	VARIOUS	10,735		
•				_					_		

									10,133	2	.	_
Name	Check "X"	Street	Ċ	State	Zio Code	Foreign Country	Title	Avg Hrs Per Week	Compensation	Benefits	Expense	_
INTRUST BANK	×	P O BOX 1908	ORLANDO	12	32802-1908		TRUSTEE	VARIOUS	10,735			
							_					

Part VI, Line 6a (990-PF) - Estimated Tax Payments

	Date		Amount
Credit from prior year return .		1	0
2 First quarter estimated tax payment	12/11/2015	2	984
3 Second quarter estimated tax payment	1/13/2016	3 _	213
Third quarter estimated tax payment	4/14/2016	4	211
5 Fourth quarter estimated tax payment .	7/13/2016	5	213
6 Other payments		6 _	
7 Total .		7	1,621



PORTFOLIO SUMMARY

AS OF 07/31/16

PAGE

MAJOR INVESTMENT CLASS	MARKET	PERCENT OF ACCOUNT	FEDERAL TAX COST	UNREALIZED GAIN/LOSS (FED TO MKT)	ESTIMATED ANNUAL INCOME	INCOME YIELD AT MARKET
PRINCIPAL PORTFOLIO						
PRINCIPAL CASH	7,504.21-	1.02-%	7,504 21-			
STIF & MONEY MARKET FUNDS	57,165 06	7.78 %	57,165 06	00 0	117	0 20 %
MUTUAL FUNDS	677,271 35	92.22 \$	522,718 49	154,552 86	12,670	1.87 %
PRINCIPAL PORTFOLIO TOTAL	726,932.20	98.98 %	572,379.34	154,552.86	12,787	1.74 %
INCOME PORTFOLIO						
INCOME CASH	7,504.21	1.02 %	7,504 21			

TOTAL ASSETS



PORTFOLIO DETAIL

AS OF 07/31/16

PAGE

PAR VALUE OR SHARES	ASSET DESCRIPTION	MARKET VALUE MARKET PRICE % OF MARKET	FED TAX COST COST PER UNIT	UNREALIZED GAIN/LOSS (FED TO MKT)	ESTIMATED ANNUAL INCOME	INCOME YIELD AT MARKET/ YIELD TO MATURITY
PRINCIPAL PORTFOLIO	<u>LIO</u> PRINCIPAL CASH	7,504.21-	7,504 21-			
STIF & MONEY MARKET FUNDS 57,165.06 FEDERAT	KET FUNDS FEDERATED MONEY MKT OBLIGS TR TRSY OBLIGS INSTL CL #68 FFS CUSIP 609068DFS	57,165.06 1.000 7.78 %	57,165 06 1 00	00.0	711	0 · 2 0 0 · 0 0 · 8 *
MUTUAL FUNDS 21,359.594	VANGUARD SHORT-TERM INVESTMENT GRADE FUND CUSIP 922031836	230,683.62 10.800 31 41 *	228,370 96 10 69	2,312.66	4,934	2 14 0 00 %
8,238.106		446,587.73 54.210 60.81 %	294,347 53 35 73	152,240.20	7,736	1 73 % 0 00 %
TOTAL MUTUAL FUNDS	- SOND	677,271.35	522,718 49	154,552.86	12,670	1.87 %
PRINCIPAL PORTFOLIO TOTAL	LIO TOTAL	726,932.20	572,379.34	154,552.86	12,787	1.74 %
INCOME PORTFOLIO	INCOME CASH	7,504.21	7,504 21			



PORTFOLIO DETAIL

AS OF 07/31/16

MARKET VALUE
MARKET PRICE
% OF MARKET

FED TAX COST COST PER UNIT

UNREALIZED GAIN/LOSS (FED TO MKT)

ESTIMATED ANNUAL INCOME

INCOME YIELD AT MARKET/ YIELD TO MATURITY

PAGE

ASSET DESCRIPTION

PAR VALUE OR SHARES

Account Id: 5632912

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# Statement of Capital Gains and Losses From Sales (Does not include capital gain distributions from mutual funds or CTF's - See Tax Transaction Detail)

FLORIDA CHARITIES FDN TAPF

Trust Year 1/1/2016 - 7/31/2016

Туре	Description	Date	Shares	Price	Fed Cost	State Cost	Fed Gain	State Gain	(Type)
922031836	VANGUAF	RD SHORT-TE	RM INVT GRADE-ADM					. <u>-</u> . <u>-</u>	
Solo	1 0	1/19/16	1416 431	15,000 00					
Acq	0	1/15/15	1416 431	15,000 00	15,198 31 🗔	15,198 31	-198 31	-198 31	L
			Total for 1/19/2016		15,198 31	15,198 31	-198 31	-198 3	1
922031836	VANGUA	RD SHORT-TE	RM INVT GRADE-ADM						
Solo		4/08/16	1867 414	20,000 00					
Acq	ı c	1/15/15	1867 414	20,000 00	20,037 35	20,037 35	-37 35	-37 35	, L
			Total for 4/8/2016	· · · · · · · · · · · · · · · · · · ·	20,037 35	20,037 35	-37 35	-37 3	5
922031836	VANGUA	RD SHORT-TE	ERM INVT GRADE-ADM						
Solo		5/10/16	1397 95	15,000 00					
Acq	1 (	1/15/15	1397 95	15,000 00	15,000 00	15,000 00	0 00	0 00	) L
			Total for 5/10/2016	•	15,000 00	15,000 00	0 00	0 0	0
922031836	VANGUA	RD SHORT-TE	ERM INVT GRADE-ADM						
Solo	<b>.</b> (	05/24/16	818 522	8,750 00					
Acq	1 (	)1/15/15	818 522	8,750 00	8,782 74	8,782 74	-32 74	-32 74	L
			Total for 5/24/2016	·	8,782 74	8,782 74	-32 74	-32 7	4
922908306	VANGUA	RD TOTAL ST	K MKT INDEX-INV						
Sol	d (	05/10/16	193 274	10,000 00					
Acc	1	08/24/07	193 274	10,000 00	6,905 68	6,905 68	3,094 32	3,094 32	! L
			Total for 5/10/2016		6,905 68	6,905 68	3,094 32	3,094 3	2

SunTrust

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Statement of Capital Gains and Losses From Sales (Does not include capital gain distributions from mutual

funds or CTF's - See Tax Transaction Detail)

Account Id: 5632912

FLORIDA CHARITIES FDN TAPF

Trust Year 1/1/2016 - 7/31/2016

Type D	escription Date	Shares	Price	Fed Cost	State Cost	Fed Gain	State Gain (Type)
922908306	VANGUARD TOTAL STR	MKT INDEX-INV					
Sold	05/24/16	314 557	16,250 00				
Acq	08/24/07	314 557	16,250 00	11,239 12	11,239 12	5,010 88	5,010 88 L
		Total for 5/24/2016	· · · · · · · · · · · · · · · · · · ·	11,239 12	11,239 12	5,010 88	5,010 88
	та	otal for Account: 5632912		77,163 20	77,163 20	7,836 80	7,836 80
		Total Proceeds:			Fed	s	tate
		85,000 00		S/T Gain/Loss	0 00		0 00
		65,000 00		L/T Gain/Loss	7,836 80	7	7,836 80