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Department of the Treasury

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2016

OMB No 1545-0052

## **Return of Private Foundation**

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

Internal Revenue Service Do not enter social security numbers on this form as it may be made public. Open to Public ▶ Information about Form 990-PF and its instructions is at www.irs.gov/form990pf. For calendar year 2016, or tax year beginning 01-01-2016 , and ending 12-31-2016 A Employer identification number THE LORD'S FOUNDATION 20-0218026 Number and street (or P O box number if mail is not delivered to street address) 118 E MONROE STREET B Telephone number (see instructions) (904) 891-9906 City or town, state or province, country, and ZIP or foreign postal code JACKSONVILLE, FL 32202 C If exemption application is pending, check here ☐ Initial return G Check all that apply ☐ Initial return of a former public charity D 1. Foreign organizations, check here Amended return ☐ Final return 2. Foreign organizations meeting the 85% test, check here and attach computation ☐ Name change Address change **E** If private foundation status was terminated under section 507(b)(1)(A), check here ☑ Section 501(c)(3) exempt private foundation H Check type of organization  $\square$  Section 4947(a)(1) nonexempt charitable trust  $\square$  Other taxable private foundation I Fair market value of all assets at end J Accounting method ✓ Cash ☐ Accrual If the foundation is in a 60-month termination of year (from Part II, col (c), under section 507(b)(1)(B), check here Other (specify) line 16) \$ 6,049,513 (Part I, column (d) must be on cash basis ) Part I Analysis of Revenue and Expenses (The total Disbursements Revenue and Net investment (c) Adjusted net for charitable of amounts in columns (b), (c), and (d) may not necessarily expenses per books purposes (cash basis only) equal the amounts in column (a) (see instructions) ) Contributions, gifts, grants, etc , received (attach 1.358.655 schedule) Check ▶ ☐ If the foundation is **not** required to attach 2 1,283 1.283 3 Interest on savings and temporary cash investments Dividends and interest from securities 222,901 222,901 Gross rents 12,100 12,100 b Net rental income or (loss) 6a [چە Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications . 10a Gross sales less returns and allowances Less Cost of goods sold Gross profit or (loss) (attach schedule) c Other income (attach schedule) 8,002 2,212 5,790 11 238,496 5,790 Total. Add lines 1 through 11 1,575,604 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 10.99 5,000 15 Pension plans, employee benefits Operating and Administrative Expenses 16a Legal fees (attach schedule) . . . 2,460 Accounting fees (attach schedule) Other professional fees (attach schedule) 1,195 0 0 إجد 1,554 1,554 18 Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion إرجه 4.545 4,545 4,545 19 20 3.000 21 Travel, conferences, and meetings 22 Printing and publications . 23 Other expenses (attach schedule) اروه 70.068 41.054 24 Total operating and administrative expenses. Add lines 13 through 23 . . . 93,819 4,545 5,000 47,15 249,530 249,530 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 343,349 47,153 4,545 254,530 27 Subtract line 26 from line 12 Excess of revenue over expenses and 1,232,255 disbursements 191 343 Net investment income (If negative, enter -0-)

**Adjusted net income**(If negative, enter -0-)

		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less allowance for doubtful accounts ▶	200,000	200,000	200,00
S	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U S and state government obligations (attach schedule)			
	ь	Investments—corporate stock (attach schedule)	74,997	74,997	74,99
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ► 125,000			

<u>س</u>

275

275

4,695,653

4.695,653

4,695,928

108,524

4,278,202

6.049.513

6,049,513

6.049.513

6,049,513

2

3

4

5

6

4,695,653

1,232,255

6,052,695

6,049,513 Form **990-PF** (2016)

124,787

3,182

2,422

108,524

4,278,202

2,422

6,049,513

#### Less accumulated depreciation (attach schedule) ▶ 113,069 12 Investments—mortgage loans . . . . . 3,642,591 Investments—other (attach schedule) 13 Land, buildings, and equipment basis 14 Less accumulated depreciation (attach schedule) Other assets (describe ▶ \_ [چ 0 15 16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I) 4.695.928 17 Accounts payable and accrued expenses . 18 Grants payable. . . . . . . 19

Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule).....

Total liabilities(add lines 17 through 22) . . . . . . . . . . . .

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here

Paid-in or capital surplus, or land, bldg, and equipment fund

Capital stock, trust principal, or current funds . . . . . . . . .

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

Total liabilities and net assets/fund balances (see instructions) .

Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

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

Liabilities

Net Assets or Fund Balances

20

21

22

23

24 25

26

27

28

29

30

31

Part III

2

Other liabilities (describe -\_

Temporarily restricted

Permanently restricted

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize) -

Enter amount from Part I, line 27a

Capital gain net income or (net capital loss) 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)

If (loss), enter -0- in Part I, line 7 Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

Page 3

(d)

Date sold

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section

in Part I, line 8

(a)

Base period years Calendar

year (or tax year beginning in)

2015

2014

2013

2012

2011

2 Total of line 1, column (d)

5 Multiply line 4 by line 3

instructions

Part V

Was the	foundation	liable for t	the section	4942	tax on	the distrib	outable	amount o	f any	year
If "Yes,"	the foundat	tion does r	not qualify	under	section	4940(e)	Do not	complete	this:	part

Adjusted qualifying distributions

3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the

. . . . . . . . . . .

number of years the foundation has been in existence if less than 5 years

4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5

6 Enter 1% of net investment income (1% of Part I, line 27b) .

8 Enter qualifying distributions from Part XII, line 4

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

132,065

213,399

212,517

127,826

142,842

Enter the appropriate amount in each column for each year, see instructions before making any entries

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI

Net value of noncharitable-use assets

n the distributable amount of any year in the base period?

4,095,240

3,571,753

3,077,529

3,365,263

3,336,990

2

3

4

5

6

7

8

2

3

Yes V No

(d) Distribution ratio

(col (b) divided by col (c))

0 032248

0 059746

0 069054

0 037984

0 042806

0 241838

0 048368

4,930,089

238,459

240,372 254,530

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1,913

**5a** During the year did the foundation pay or incur any amount to

Page **6** 

	<ul><li>(1) Carry on propaganda, or otherw</li><li>(2) Influence the outcome of any sp</li></ul>	pecific public election (see sect	cion 4955), or to carry	☐ Yes ✓	No		
	on, directly or indirectly, any void (3) Provide a grant to an individual	=		· ·	No		
	(4) Provide a grant to an individual	No					
	ın section 4945(d)(4)(A)? (see ii		· •		No		
	(5) Provide for any purpose other th						
	educational purposes, or for the			∟ Yes 💌	No		
D	If any answer is "Yes" to 5a(1)-(5), Regulations section 53 4945 or in a					ь	
	Organizations relying on a current n	• •	•	•		-	
С	If the answer is "Yes" to question 5a						
	tax because it maintained expenditu			· · □ Yes □	No		
	If "Yes," attach the statement requir	red by Regulations section 53	4945-5(d)	□ les □	10		
6а	Did the foundation, during the year,	receive any funds, directly or	indirectly, to pay premit	ıms on			
	a personal benefit contract?			· 🗌 Yes 🗸			
b	Did the foundation, during the year,	pay premiums, directly or ind	lirectly, on a personal be	nefit contract?	6	ь	No
<b>7</b> _	If "Yes" to 6b, file Form 8870	- 4b - 5-, , , d-4, , , , , , , , , , , , , , , , , , ,					
7a h	At any time during the tax year, was If yes, did the foundation receive an			∟ tes 💌		ь	
		Officers, Directors, Trust					
Pa	and Contractors	incers, Directors, Trust	ices, roundation ric	magers, mgmy raid Er	прюус	-3,	
1	List all officers, directors, trustee	es, foundation managers an	nd their compensation	(see instructions).			
	(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred		pense ac her allow	
See /	Additional Data Table	(B) devoted to position		compensation			
2	Compensation of five highest-pai	d employees (other than th	hose included on line 1	L—see instructions). If no	ne, ente	r "NONE	."
Na	(a) ame and address of each employee pa more than \$50,000	Title, and average hours per week	(c) Compensation	Contributions to employee benefit plans and deferred		ense acc er allowa	,
IONI	· '	(-,		(d) compensation			
ION	<u> </u>	<del></del>					
	I number of allers are also as						_
ota	I number of other employees paid over	er \$50,000			Fa 4	000 PF	(2016)

Form 990-PF (2016)		Page <b>7</b>
Part VIII Information About Officers, Directors, Trustees, Fou and Contractors (continued)	ndation Managers, Highly Paid E	mployees,
3 Five highest-paid independent contractors for professional services (s	see instructions). If none, enter "NO!	NE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		0
Part IX-A Summary of Direct Charitable Activities		<u> </u>
List the foundation's four largest direct charitable activities during the tax year. Include relevant organizations and other beneficiaries served, conferences convened, research papers produced, e		Expenses
1 ALL OF THE TAXPAYERS ACTIVITIES CONSIST OF MAKING CONTRIBUTIONS TO ASSIST SUCH ENTITIES IN FULFILLING THEIR CHARITABLE FUNCTION	OTHER NOT-FOR-PROFIT ENTITIES	297,148
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see instri-		Amount
1 NONE	year on mes I and 2	Amount
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		0
		Form <b>990-PF</b> (2016)

Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . . . . . . . . .

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . . .

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

Part XII

1

2

3

4

5

b

7

1a

1b

2

3a 3b

4

5

244,591

254,530

254.530

1.913

252.617

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e From 2015. . . . .

XII, line 4 🕨 \$

indicated below:

210,122

34,469

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44,408

Page 9 Undistributed Income (see instructions) Part XIII (a) (b) (c) (d) Corpus Years prior to 2015 2015 2016 244.591 1 Distributable amount for 2016 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2016 44,408 a Enter amount for 2015 only. . . . . . **b** Total for prior years Excess distributions carryover, if any, to 2016 From 2011. . . . . **b** From 2012. . . . . c From 2013. . . **d** From 2014. . . . .

f Total of lines 3a through e. . . . . . . 4 Qualifying distributions for 2016 from Part a Applied to 2015, but not more than line 2a **b** Applied to undistributed income of prior years

(Election required—see instructions). . . . . c Treated as distributions out of corpus (Election required—see instructions). . . . . . . . . . d Applied to 2016 distributable amount. . . . .

(If an amount appears in column (d), the

e Remaining amount distributed out of corpus **5** Excess distributions carryover applied to 2016

same amount must be shown in column (a) )

6 Enter the net total of each column as

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 2011 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2017.

10 Analysis of line 9

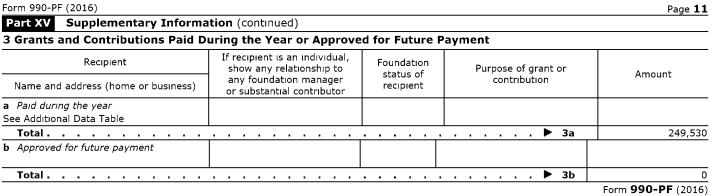
a Excess from 2012. . . **b** Excess from 2013. . c Excess from 2014. . . . d Excess from 2015. . . e Excess from 2016. . .

Subtract lines 7 and 8 from line 6a . . . . . .

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 **b** Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . d Subtract line 6c from line 6b Taxable amount —see instructions . . . . . . . . . . . . e Undistributed income for 2015 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 2017 . . . . . .

0

THE AMOUNT AWARDED MUST BE USED IN A MANNER CONSISTENT WITH THE REQUEST FOR FUNDING



Part XVI	I-A Analysis of Income-Producing	Activities				
nter gross	amounts unless otherwise indicated		usiness income		n 512, 513, or 514	(e) Related or exempt
1 Program	n service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	(d) Amount	function income (See instructions
a <u>LEVY</u>	CONFERENCE AND OTHER					5,79
b <u>UBS</u>	PRIOR YR ITEM					2,21
с						
_	and contracts from government agencies					
	rship dues and assessments					
	st on savings and temporary cash					1,28
	nds and interest from securities.					222,90
	ntal income or (loss) from real estate					
	financed property.					
	ebt-financed property					3,24
	ental income or (loss) from personal property					
	nvestment income					
	or (loss) from sales of assets other than					
	cory					-27,33
	ome or (loss) from special events					·
	profit or (loss) from sales of inventory					
<b>1</b> Other r	revenue a					
с						
d						
е						
2 Subtota	al Add columns (b), (d), and (e)		0		(	208,09
3 Total.	Add line 12, columns (b), (d), and (e)			1	.3	208,090
ee worksl	heet in line 13 instructions to verify calculatio	ns )				
Part XVI	•					
Line No. ▼	Explain below how each activity for which the accomplishment of the foundation's ex instructions )					)
AB	SPONSORED CONFERENCE NURSING AND TH	HE MINISTRY O	F HEALING			
2	OTHER BROKERAGE INCOME					
4	THE FOUNDATION PRIMARILY RELIES ON EN	IDOWMENT FUN	DS TO SUSTAIN			
B)	OPERATIONS ALL OF THE INCOME PRODUCT	ING ACTIVITIES	OF THE FOUNDAT	ION		
10	CONTRIBUTE TO THE FOUNDATION'S EXEMP				TIFIC, EDUCATION	IAL AND
	CHARITABLE ORGANIZATIONS ACCOMPLISH					
	1				Г-	rm <b>990-PF</b> (2016

	<del>/</del>	
/11	Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations	
	Exempt Organizations	

P	art XVII	Exempt Organi	zations											
		ganization directly or in Code (other than sectio									on 501		Yes	No
а	Transfers	sfers from the reporting foundation to a noncharitable exempt organization of									Ī			
(1) Cash										. [	1a(1)		No	
	<b>(2)</b> Othe	r assets									. [	1a(2)		No
b	Other trar	nsactions												
		s of assets to a nonchar	•	-							. [	1b(1)		No
		nases of assets from a n										1b(2)		No
	` '	al of facilities, equipmer	•								F	1b(3)		No
		bursement arrangemen									h	1b(4)		No
	` '	s or loan guarantees.									F	1b(5)		No
		mance of services or m	·		-						- F	1b(6)		No
	-	f facilities, equipment, n										1c		No
		wer to any of the above ods, other assets, or ser												
		nsaction or sharing arra												
(-)	Line No	(b) Amount involved	(a) Nama of r	oncharitah	do ovor	mpt organization		(d) Doco	rintion of	transfers, transactions,	and char	na arra	naomon	+c
(4)	Line No	(b) Amount involved	(C) Name of t	Юпспапсар	ле ехег	npt organization	$\vdash$	(u) Desc	прион ог	transiers, transactions,	and Shari	ing arra	ilgerrieri	LS
							_							
							$\vdash$							
							$\vdash$							
							$\vdash$							
<b>2</b> a	Is the fou	ndation directly or indire	ectly affiliated	with, or r	related	d to, one or mo	re t	ax-exem	ot organı	zations		_	_	
	described	in section 501(c) of the	Code (other t	than secti	ion 50	1(c)(3)) or in so	ecti	on 527?.			. L	Yes	✓ N	0
b	If "Yes," c	omplete the following so							Ī					
		(a) Name of organization	n		(Ь	) Type of organiza	ation	n		(c) Description	of relation	nship		
	of m	er penalties of perjury, ny knowledge and belief	, it is true, co											
Sig	,,,	ch preparer has any kno	wieage		ı						10.1 H 70	الد ٢	<b>#</b> la : -	abure:
He	re	*****				2017-03-21		\_**	****		1ay the IR vith the pr			
		Signature of officer or ti	rustee			Date		Tit	:le		see ınstr )	· —		
		Drint/Time name and	name	Preparer's	a C	aturo		<u>.</u>			TT:			
		Print/Type preparer's	name	rreparers	s sign	iature		Date		Check if self-	PTIN			
										employed ▶ 🔲	F	200200	080	
Pa	id							2017-	03-21					
	 eparer	Firm's name > 1011	I EDCECOMP!	= OE AVO	NDAL	ELIC								
	e Only		N EDGECOMBI	OF AVOI	NUAL	E LLC				F	Fırm's EI	N ►87	-07561	.81
	··· ,		44 MERRIMAC	AVENUE	:									
		7.4	CICONIVILLE	EL 2224	^						Phone no	(904	) 388-5	5700
JACKSONVILLE, FL 32210							,	-						

(a) Name and address Title, and average (c) Compensation (If (d) Expense account, Contributions to hours per week not paid, enter (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation BENNETT E BROWN CHAIRMAN 5 00 118 E MONROE STREET

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

JACKSONVILLE, FL 32202				
ALBERT J TOOLE	VICE CHAIRMAN	0	0	0
119 E MONROE STREET JACKSONVILLE, FL 32202	5 00			
	I	I	I	

	1102 011/12/11/11/11			ľ
119 E MONROE STREET JACKSONVILLE, FL 32202	5 00			
LOUISE T HARDAGE	SECRETARY	0	0	0
120 E MONROE STREET	5 00			

CARALITRACCOMIE	TREACURER			
120 E MONROE STREET JACKSONVILLE, FL 32202	1 5 00			
LOUISE T HARDAGE	SECRETARY	0	0	0
JACKSONVILLE, FL 32202				

	DECKLIAKI	١	ľ	
120 E MONROE STREET JACKSONVILLE, FL 32202	5 00			
SARAH T RAGSDALE	TREASURER	0	0	0
	1500			

JACKSONVILLE, FL 32202				
SARAH T RAGSDALE	TREASURER	0	0	0
121 E MONROE STREET	5 00			

<u>'</u>				
SARAH T RAGSDALE	TREASURER	0	0	(
121 E MONROE STREET	5 00			

	1112/100/12/1			
121 E MONROE STREET JACKSONVILLE, FL 32202	5 00			

TRUSTEE 5 00

KATY W TOWERS

122 E MONROE STREET JACKSONVILLE, FL 32202

Form 990PF Part XV Line 3 - Grant	s and Contributions Paid	During the `	Year or Approved for Future	Payment
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
AMERICAN CANCER SOCIETY 5875 MINING TERRACE ROAD 206 JACKSONVILLE, FL 32257			TO ASSIST THE DONEE IN CARRYING OUT THEIR EXEMPT FUNCTION	1,000
BOB TEBOW EVANGELISTIC ASSOCIATION 8834-14 GOODBYS EXECUTIVE DRIVE JACKSONVILLE, FL 32217			TO ASSIST THE DONEE IN CARRYING OUT THEIR EXEMPT FUNCTION	1,000
CAMPUS CRUSADE FOR CHRIST 1019 PRAIRE RIDGE LANE LESTER PRAIRIE, MN 55354			TO ASSIST THE DONEE IN CARRYING OUT THEIR EXEMPT FUNCTION	8,000
CHRISTIAN HEALING MINISTRIES PO BOX 9520 JACKSONVILLE, FL 32208			TO ASSIST THE DONEE IN CARRYING OUT THEIR EXEMPT FUNCTION	1,000
CITY RESCUE MISSION 426 SOUTH MCDUFF AVENUE JACKSONVILLE, FL 32254			TO ASSIST THE DONEE IN CARRYING OUT THEIR EXEMPT FUNCTION	1,000
CLARA WHITE MISSION INC 613 W ASHLEY STREET JACKSONVILLE, FL 32202			TO ASSIST THE DONEE IN CARRYING OUT THEIR EXEMPT FUNCTION	1,000
CMJ ISREAL PO BOX 443 AMBRIDGE, PA 15003			TO ASSIST THE DONEE IN CARRYING OUT THEIR EXEMPT FUNCTION	1,000
COACHES HONOR PO BOX 51139 JACKSONVILLE BEACH, FL 32240			TO ASSIST THE DONEE IN CARRYING OUT THEIR EXEMPT FUNCTION	1,000
COMPASS FINANCES GOD'S WAY PO BOX 2557 SANFORD, FL 32772			TO ASSIST THE DONEE IN CARRYING OUT THEIR EXEMPT FUNCTION	1,000
CONASAGUA KIDNEY CARE 102 DAVISON DRIVE DALTON, GA 30720			TO ASSIST THE DONEE IN CARRYING OUT THEIR EXEMPT FUNCTION	1,000
DOCTORS WITHOUT BORDERS USA PO BOX 5030 HAGERSTOWN, MD 21741			TO ASSIST THE DONEE IN CARRYING OUT THEIR EXEMPT FUNCTION	1,000
DOWNTOWN ECUMENICAL SERVICES COUNCIL 215 OCEAN STREET JACKSONVILLE, FL 32202			TO ASSIST THE DONEE IN CARRYING OUT THEIR EXEMPT FUNCTION	1,000
EAST-WEST MINISTRIES 2001 W PLANO PARKWAY SUITE 3000 PLANO, TX 75075			TO ASSIST THE DONEE IN CARRYING OUT THEIR EXEMPT FUNCTION	25,000
EPISCOPAL DIOCESE OF FLORIDA EPISCOPAL DIOCEPO BOX 47350 JACKSONVILLE, FL 32247			TO ASSIST THE DONEE IN CARRYING OUT THEIR EXEMPT FUNCTION	500
FIRST COAST WOMEN'S SERVICES 11215 SAN JOSE BLVD JACKSONVILLE, FL 32223			TO ASSIST THE DONEE IN CARRYING OUT THEIR EXEMPT FUNCTION	1,000

249,530

Total . . 3а

Form 990PF Part XV Line 3 - Grant	s and Contributions Paid	During the	Year or Approved for Future	Payment
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
FIRST PRESBYTERIAN CHURCH 118 E MONROE ST JACKSONVILLE, FL 32202			TO ASSIST THE DONEE IN CARRYING OUT THEIR EXEMPT FUNCTION	25,000
FRONTIER MINISTRIES PO BOX 60730 PHOENIX, AZ 85082			TO ASSIST THE DONEE IN CARRYING OUT THEIR EXEMPT FUNCTION	2,000
GO TO NATIONS PO BOX 103015 JACKSONVILLE, FL 32247			TO ASSIST THE DONEE IN CARRYING OUT THEIR EXEMPT FUNCTION	2,000
GORDON CONWELL THEOLOGICAL SEMINARY 130 ESSEX STREET SOUTH HAMILTON, MA 01982			TO ASSIST THE DONEE IN CARRYING OUT THEIR EXEMPT FUNCTION	1,000
HAGGAI INSTITUTE PO BOX 13 ATLANTA, GA 30370			TO ASSIST THE DONEE IN CARRYING OUT THEIR EXEMPT FUNCTION	1,000
HOPE INTERNATIONAL 227 GRANITE RUN DRIVE SUITE 250 LANCASTER, PA 17601			TO ASSIST THE DONEE IN CARRYING OUT THEIR EXEMPT FUNCTION	10,000
INTERNATIONAL COOPERATING MINISTRIES 1901 N ARMISTEAD AVENUE HAMPTON, VA 23606			TO ASSIST THE DONEE IN CARRYING OUT THEIR EXEMPT FUNCTION	25,000
INTERNATIONAL HEALTH SERVICES PO BOX 265 SOUTHEASTERN, PA 19399			TO ASSIST THE DONEE IN CARRYING OUT THEIR EXEMPT FUNCTION	1,000
JESUS ONLINE MINISTRIES PO BOX 1643 HIGLEY, AZ 85236			TO ASSIST THE DONEE IN CARRYING OUT THEIR EXEMPT FUNCTION	1,000
JOSH MCDOWELL MINISTRY PO BOX 628222 ORLANDO, FL 32862			TO ASSIST THE DONEE IN CARRYING OUT THEIR EXEMPT FUNCTION	1,000
MAP INTERNATIONAL 4700 GLYNCO PARKWAY BRUSNWICK, GA 31525			TO ASSIST THE DONEE IN CARRYING OUT THEIR EXEMPT FUNCTION	2,500
MERCY SHIPS INTERNATIONAL PO BOX 2020 GARDEN VALLEY, TX 75771			TO ASSIST THE DONEE IN CARRYING OUT THEIR EXEMPT FUNCTION	25,000
MURRAY HILL THEATRE MINISTRIES 932 EDGEWOOD AVENUE S JACKSONVILLE, FL 32205			TO ASSIST THE DONEE IN CARRYING OUT THEIR EXEMPT FUNCTION	250
NEW HORIZONS FOUNDATION 5550 TECH CENTER DRIVE SUITE 303 COLORADO SPRINGS, CO 80919			TO ASSIST THE DONEE IN CARRYING OUT THIER EXEMPT FUNCTION	4,780
PRISONERS OF CHRIST PO BOX 43390 JACKSONVILLE, FL 32203			TO ASSIST THE DONEE IN CARRYING OUT THEIR EXEMPT FUNCTION	2,500

Total . . 3a 249,530

Form 990PF Part XV Line 3 - Grant	s and Contributions Paid	During the `	Year or Approved for Future	Payment
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
PROJECT SOS 4417 BEACH BLVD SUITE 103 JACKSONVILLE, FL 32207			TO ASSIST THE DONEE IN CARRYING OUT THEIR EXEMPT FUNCTION	1,000
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607			TO ASSIST THE DONEE IN CARRYING OUT THEIR EXEMPT FUNCTION	1,000
SENIORS ON A MISSION INC 450-106 STATE ROAD 13 N 185 JACKSONVILLE, FL 32259			TO ASSIST THE DONEE IN CARRYING OUT THEIR EXEMPT FUNCTION	1,000
ST VINCENT'S HEALTHCARE FOUNDATION 1 SHIRCLIFF WAY JACKSONVILLE, FL 32204			TO ASSIST THE DONEE IN CARRYING OUT THEIR EXEMPT FUNCTION	1,000
SULZBACHER CENTER 611 E ADAMS ST JACKSONVILLE, FL 32202			TO ASSIST THE DONEE IN CARRYING OUT THEIR EXEMPT FUNCTION	1,000
THE CRUDEM FOUNDATION PO BOX 804 LUDLOW, MA 01056			TO ASSIST THE DONEE IN CARRYING OUT THEIR EXEMPT FUNCTION	1,000
THE INNER CITY MINISTRY OF CRU 4940 EMERSON STREET JACKSONVILLE, FL 32207			TO ASSIST THE DONEE IN CARRYING OUT THEIR EXEMPT FUNCTION	1,000
THE JESUS ALLIANCE 7500 124TH AVENUE NORTH LARGO, FL 33773			TO ASSIST THE DONEE IN CARRYING OUT THEIR EXEMPT FUNCTION	1,000
THE JESUS FILM PROJECT 100 LAKE HART DRIVE 3100 ORLANDO, FL 32832			TO ASSIST THE DONEE IN CARRYING OUT THEIR EXEMPT FUNCTION	15,000
THE MAILBOX CLUB INTERNATIONAL 400 EAGER ROAD VALDOSTA, GA 31602			TO ASSIST THE DONEE IN CARRYING OUT THEIR EXEMPT FUNCTION	2,000
THE SALVATION ARMY OF JACKSONVILLE 328 OCEAN STREET JACKSONVILLE, FL 32202			TO ASSIST THE DONEE IN CARRYING OUT THEIR EXEMPT FUNCTION	50,000
THE SALVATION ARMY OF JACKSONVILLE 328 OCEAN STREET JACKSONVILLE, FL 32202			TO ASSIST THE DONEE IN CARRYING OUT THEIR EXEMPT FUNCTION	10,000
TRINITY RESCUE MISSION 622 W UNION ST JACKSONVILLE, FL 32203			TO ASSIST THE DONEE IN CARRYING OUT THEIR EXEMPT FUNCTION	1,000
TURNING POINT PO BOX 3838 SAN DIEGO, CA 92163			TO ASSIST THE DONEE IN CARRYING OUT THEIR EXEMPT FUNCTION	1,000
UNITED WAY OF NORTHEAST FLORIDA 1301 RIVERPLACE BLVD SUITE 400 JACKSONVILLE, FL 32207			TO ASSIST THE DONEE IN CARRYING OUT THEIR EXEMPT FUNCTION	10,000

Total . . 3a 249,530

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
VOLUNTEERS IN MEDICINE 41 E DUVAL ST JACKSONVILLE, FL 32202			TO ASSIST THE DONEE IN CARRYING OUT THEIR EXEMPT FUNCTION	1,000

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

JACKSONVILLE, FL 32202		FONCTION	
YOUNG LIFE METRO 4815 APACHE AVENUE JACKSONVILLE, FL 32210		TO ASSIST THE DONEE IN CARRYING OUT THEIR EXEMPT FUNCTION	2,000

		K.	240 520
JACKSONVILLE, FL 32210		FUNCTION	
4815 APACHE AVENUE		CARRYING OUT THEIR EXEMPT	
YOUNG LIFE METRO		TO ASSIST THE DONEE IN	2,00

249,530

3a

efile GRAPHIC print - DO NOT I	PROCESS	As Filed D	ata -			DI	LN: 93491128013627		
TY 2016 Accounting Fees Schedule									
		THE LOR 20-0218		NDATION					
Category	Amo	ount		vestment come	Adjusted Income		Disbursements for Charitable Purposes		
ACCOUNTNG, TAX AND PAYROLL SERVICES		2,460		0		0	0		

Note: To capture the full content of this document, please select landscape mode (11" $\times$ 8.5") when printing.
TY 2016 Depreciation Schedule

DLN: 93491128013627

Name: THE LORD'S FOUNDATION

		<b>EIN</b> : 2	0-0218026						
Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
CONDOMINIUM UNIT	2013-05-01	125,000	11,931	SL	27 500000000000	4,545	4,545	4,545	

### TY 2016 Gain/Loss from Sale of Other Assets Schedule

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Name: THE LORD'S FOUNDATION

ETN: 20 0219026

	□.	IN: 20-0218	026							
Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
CALAMOS STRATEGIC	2015-10	PURCHASED	2016-03		46,441	51,679		0	-5,238	
BOEING CO	2016-09	PURCHASED	2016-09		19,029	19,469		0	-440	
ADIENT	2016-10	PURCHASED	2016-10		14	14		0		
TEMPLETON GLOBAL BOND	2016-04	PURCHASED	2016-05		44,015	48,060		0	-4,045	
JOHNSON CONTROLS	2016-09	PURCHASED	2016-09		27	26		0	1	
JOHNSON CONTROLS	2016-06	PURCHASED	2016-09		17,096	15,758		0	1,338	
WESTERN ASSET	2015-12	PURCHASED	2016-08		4	3		0	1	
TEMPLETON GLOBAL BOND	2014-11	PURCHASED	2016-05		93,719	112,673		0	-18,954	

DLN: 93491128013627

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TY 2016 Investments Corporat	e Stock Sche	dule

24,997

24,997

Name:	THE LORD'S FOUNDATION
EIN:	20-0218026

FLORIDA CAPITAL BANK

Name of Stock	End of Year Book Value	End of Year Fair Market Value
AMERICAN ENTERPRISE BANK	50,000	50,000

DLN: 93491128013627

# Name: THE LORD'S FOUNDATION

ETN: 20-0218026

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20 0210020				
Category/ Item	Cost/Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
CONDOMINIUM UNIT	125,000	16,476	108,524	

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TY 2016 Investments - Other S	Schedule	
Name:	THE LORD'S FOUN	NDATION

EIN: 20-0216020			
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
UBS	FMV	4,178,202	4,178,202
HOPE GLOBAL INVESTMENT FUND	FMV	100,000	100,000

20 0219026

As Filed Data -

Description

**EIN:** 20-0218026

Other Assets Schedule

FEDERAL ESTIMATED PAYMENTS

efile GRAPHIC print - DO NOT PROCESS

Beginning of Year -

**Book Value** 

Name: THE LORD'S FOUNDATION

End of Year - Book

Value

2,422

DLN: 93491128013627

End of Year - Fair Market Value

2,422

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491128013627		
TY 2016 Other Decreases Schedule				
Name:	THE LORD'S FOUNDATI	ON		
EIN:	20-0218026			
		· · · · · · · · · · · · · · · · · · ·		
De	escription	Amount		
NON DEDUCTIBLE INCOME TAXES AND N	<u> </u>	Amount 1,554		
	<u> </u>			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	93491128013627
TY 2016 Other Expenses Sche	dule			
Name:	THE LORD'S FO	UNDATION		
EIN:	20-0218026			
Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT MANAGEMENT FEES	38 294	38 294	n	n

3,126

850

27

148

590

1,597

12,000

8,543

523

0

0

0

0

0

0

0

0

0

0

0

MISCELLANEOUS

ADVERTISING

TAXES

BANK CHARGES

SOFTWARE RENEWAL

CHARITABLE EXPENSES

**OUTSIDE SERVICES** 

OFFICE SUPPLIES

REPAIRS AND MAINTENANCE

 Description
 Revenue and Expenses per Books
 Net Investment Income
 Adjusted Net Income
 Disbursements for Charitable Purposes

 POSTAGE
 44
 0
 0
 0
 0

1.554

2.760

2.760

Other Expenses Schedule

MEALS AND ENTERTAINMENT - ONE-HALF

FIRE EXTINGUISHER INSPECTION

CONDO ASSOCIATION FEES

TY 2016 Other Income Schedule	
i i zoro otnei rneome oenedale	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Name: THE LORD'S FOUNDATION

**EIN:** 20-0218026

Other Income Schedule			
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
LEVY CONFERENCE AND OTHER	5,790		5,790
UBS PRIOR YR ITEM	2,212	2,212	0

DLN: 93491128013627

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TY 2016 Other Increases Schedule	
Name: THE LORD'S FOUNDATION	
<b>EIN:</b> 20-0218026	
Description	Amount
UNREALIZED GAINS LOSSES	124,787

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		D	LN: 934911280136	527
TY 2016 Other Liabilities Sche	dule				
Name:	THE LORD'S F	OUNDATION			
EIN:	20-0218026				
Description	n		Beginning of Year - Book Value	End of Year - Book Value	
INCOME TAX PAYABLE			275		0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491128013627
TY 2016 Substantial Contribut Schedule	ors	
	THE LORD'S FOUNDA' 20-0218026	TION
Name		Address
THE THOMAS R DUNK TRUST		1710 MOSSY CYPRESS LANE JACKSONVILLE, FL 32223
ESTATE OF CD TOWERS		4077 LONDON ROAD JACKSONVILLE, FL 32207
FIVE POINT REALTY COMPANY		1710 MOSSY CYPRESS LANE JACKSONVILLE, FL 32223

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TY 2016 Taxes Schedule								
Name: THE LORD'S FOUNDATION								
<b>EIN:</b> 20-0218026								
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes				
COUNTY TAX COLLECTOR	1,486	1,486		0				
SALES TAX	68	68		0				

€

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491128013627						
Schedule B	Schedule of Contributors		OMB No 1545-0047			
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	PF) ► Attach to Form 990, 990-EZ, or 990-PF Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at					
Name of the organizat THE LORD'S FOUNDATIO		mployer iden	tification number			
20-0218026						
Organization type (che	eck one)					
Filers of:	Section:					
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	☐ 527 political organization					
Form 990-PF	✓ 501(c)(3) exempt private foundation	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
501(c)(3) taxable private foundation						
•	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions r property) from any one contributor. Complete Parts I and II. See instructions for de	•	,			
Special Rules						
under sections : received from a	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> 3% sup 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part by one contributor, during the year, total contributions of the greater of <b>(1)</b> \$5,000 or the 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II	t II, line 13, 16	a, or 16b, and that			
during the year,	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive total contributions of more than \$1,000 exclusively for religious, charitable, scientific the prevention of cruelty to children or animals. Complete Parts I, II, and III					
during the year, If this box is che purpose Do no	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive contributions exclusively for religious, charitable, etc., purposes, but no such contributed, enter here the total contributions that were received during the year for an exception of the parts unless the <b>General Rule</b> applies to this organization because, contributions totaling \$5,000 or more during the year	butions totaled <i>clusively</i> religions cause it receive	I more than \$1,000 ous, charitable, etc, ed <i>nonexclusively</i>			
990-EZ, or 990-PF), bu	on that is not covered by the General Rule and/or the Special Rules does not file Sch t it <b>must</b> answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Sc	of its				
For Paperwork Reduction for Form 990, 990-EZ, or 9		B (Form 990, 99	0-EZ, or 990-PF) (2016)			

Schedule B (Form 99	90, 990-EZ, or 990-PF) (2016)		Page <b>3</b>	
Name of organization THE LORD'S FOUNDATION		Employer identification number 20-0218026		
(a) No.from Part I	(see instructions) Use duplicate copies of Part II if additional space is needed (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	
=		\$		
		Schedule B (Form 9	990, 990-EZ, or 990-PF) (2016)	

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)