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2016

Return of Private Foundation

Form 990-PF

Department of the Treasury

Internal Revenue Service

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

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

Open to Public Inspection

For	caler	idar year 2016, or tax year beginning 01	L-01-20	016 , aı	nd er	nding 12-31-	2016	
		indation FOUNDATIONINC				A Employer Id	entification numbe	•
				\		20-17/1428		
		l street (or P O box number if mail is not delivered to stree JNTY HIGHWAY 30A E -D	t address) Room/suite		B Telephone nu (850) 213-5500	mber (see instructior)	s)
		, state or province, country, and ZIP or foreign postal code i, FL 32461				C If exemption	application is pending	g, check here
G C	neck al	l that apply 🔲 Initial return 🔲 Initial ret	urn of a	former public charity		D 1. Foreign or	ganızatıons, check he	re
		☐ Final return ☐ Amende	d return				ganizations meeting	
		Address change Name cl	nange			test, chec	k here and attach cor	mputation 🕨 🔼
_	,	pe of organization \square Section 501(c)(3) exempted 4947(a)(1) nonexempt charitable trust \square Other					undation status was t n 507(b)(1)(A), chec	
		set value of all assets at end J Accounting me		Cash 🗹 Accru	-1	E If the found	ation is in a 60-month	
of	year <i>(f</i>	rom Part II, col (c), \$ 921.135 □ Other (sp	ecify) _	t be on cash basis)	aı		n 507(b)(1)(B), checl	
Pa	rt I	Analysis of Revenue and Expenses (The of amounts in columns (b), (c), and (d) may not necessal equal the amounts in column (a) (see instructions)		(a) Revenue and expenses per books	(b)	Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)		558,693				(cash basis only)
	2	Check ► ☐ If the foundation is not required to a Sch B	attach					
	3	Interest on savings and temporary cash investme	nts	574		574		
	4	Dividends and interest from securities						
	5a	Gross rents						
	ь	Net rental income or (loss)						
Revenue	6a	Net gain or (loss) from sale of assets not on line 1	.0					
	ь	Gross sales price for all assets on line 6a						
\aleph	7	Capital gain net income (from Part IV, line 2)				0		
	8	Net short-term capital gain						
	9	Income modifications						
	10a	Gross sales less returns and allowances						
	ь	Less Cost of goods sold						
	c	Gross profit or (loss) (attach schedule)						
	11	Other income (attach schedule)		307,473		0	307,473	
	12	Total. Add lines 1 through 11		866,740	-	574	307,473	
	13	Compensation of officers, directors, trustees, etc		0		0	0	
	14	Other employee salaries and wages			-		0	
۰.۸	15	Pension plans, employee benefits						
Se	16a	Legal fees (attach schedule)						
ē	_	Accounting fees (attach schedule)		5,524		0	0	
Expenses	b					0		
Ve	C	Other professional fees (attach schedule)		47,172	<u> </u>		47,172	
Administrative	17	Interest		115		0	0	(
<u> </u>	18	Taxes (attach schedule) (see instructions)						
≣	19	Depreciation (attach schedule) and depletion .						
Ē	20	Occupancy		35,188		0	35,020	(
and	21	Travel, conferences, and meetings						
ਰ	22	Printing and publications		as 1				
Ĕ	23	Other expenses (attach schedule)		403,771		0	225,281	159,872
Operating	24	Total operating and administrative expenses						
8		Add lines 13 through 23		491,770	-	0	307,473	159,87
ں	25	Contributions, gifts, grants paid		203,000				203,000
	26	Total expenses and disbursements. Add lines 25	24 and	694,770		0	307,473	362,87
	27	Subtract line 26 from line 12						
	a	Excess of revenue over expenses and disbursements		171,970				
	b	Net investment income (If negative, enter -0-)				574		
	С	Adjusted net income(If negative, enter -0-)					0	
For	Paper	work Reduction Act Notice, see instructions.				Cat No 11289	(For	m 990-PF (2016

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0**%**J

622,669

1,219

2,500

3,719

618,950

618,950

622,669

42,142

221,955

921,135

125,215

5,000

130,215

790,920

790,920 921,135

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5

6

618,950

171,970

790,920

790.920 Form **990-PF** (2016)

0

0

42,142

221,955

921,135

disqualified persons (attach schedule) (see instructions)

Investments—U S and state government obligations (attach schedule)

Investments—corporate bonds (attach schedule)

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Other notes and loans receivable (attach schedule)

Prepaid expenses and deferred charges

Investments—land, buildings, and equipment basis ▶ _

Less accumulated depreciation (attach schedule)

Less accumulated depreciation (attach schedule) ▶

Total assets (to be completed by all filers—see the

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) .

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

Analysis of Changes in Net Assets or Fund Balances

Less allowance for doubtful accounts -

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > .

Other liabilities (describe -_

Unrestricted

Permanently restricted

and complete lines 27 through 31.

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

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize) -

Temporarily restricted

•	Assets	

7

8

9

10a

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

28

29

31 Part III

Liabilities

lances

Bal

Fund 26

ŏ

Assets 27

Net 30

2

b c

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

8 Enter qualifying distributions from Part XII, line 4

instructions

584,827

8

	If "Yes," attach the statement requir	ed b	y Regulations section 53	4945-5(d)					
6 a	Did the foundation, during the year,	rece	eive any funds, directly or	indirectly, to pay premiu	ims on				
	a personal benefit contract?				· 🗌 Yes 🗸				
b	Did the foundation, during the year,	pay	premiums, directly or ind	irectly, on a personal bei	nefit contract?	NO	6b		No
	If "Yes" to 6b, file Form 8870					Ī			
7a	At any time during the tax year, was	the	foundation a party to a p	rohibited tax shelter tran	nsaction? Yes				
b	If yes, did the foundation receive an				∟ Yes 💌	No	7b		
	Information About O		· · · · · · · · · · · · · · · · · · ·		nagers, Highly Paid Er	nplov	vees.		
Pa	and Contractors		,,		g, g ,		, ,		
1	List all officers, directors, trustee	s. f	oundation managers an	d their compensation	(see instructions).				
	List all officers, affectors, trastee	<i>5</i> ,			(d)				
	(a) Name and address		Title, and average hours per week	(c) Compensation (If not paid, enter	Contributions to employee			se acc	
	(a) mame and address	(b) devoted to position	-0-)	benefit plans and deferred	(e)	other	allowa	nces
	Addıtıonal Data Table		-	-	compensation	1			
see	Additional Data Table								
						-			
2	Compensation of five highest-pai	d er	nployees (other than th	ose included on line 1		ne, er	nter "l	NONE.	
	(a)		Title, and average		Contributions to				
Na	ame and address of each employee pa	ıd	hours per week	(c) Compensation	employee benefit plans and deferred			e acco allowar	
	more than \$50,000		(b) devoted to position		(d) compensation	(0)		anomai	1000
NON	E								
			1						
			1						
			1						
Tota	I number of other employees paid ove	r ¢ E	50,000	1					
OLA	in number of other employees paid over	н фС		· · · · · · · · ·		Г	004)-PF (2016
						For	пээ	,-PF	/U15

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	d Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "I	NONE".
(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	
List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number o organizations and other beneficiaries served, conferences convened, research papers produced, etc	f Expenses
1 CONCERTS AND OTHER COMMUNITY EVENTS WERE HELD TO ENRICH THE COMMUNITY THROUGH THE SUPPORT	
AND PROMOTION OF CULTURAL, CHARITABLE, SPIRITUAL, LITERARY AND EDUCATIONAL ACTIVITIES EVENTS	
INCLUDE THE SINFONIA GOES POP AT ALYS BEACH, DIGITAL GRAFFITI AT ALYS BEACH, THE ALYS BEACH 5K AND 1	
MILE FUN RUN,30A WINE FESTIVAL,30A SONGWRITER FESTIVAL	467,345
2	4
	4
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	
2	
	_
All other program-related investments See instructions	
3	
<u> </u>	\dashv
	\dashv
Total. Add lines 1 through 3	P 0
	Form 990-PF (2016)

1a

1b

2

За 3h

4

5

362,872

221,955

584.827

584.821

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

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.

Amounts set aside for specific charitable projects that satisfy the

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

2

3

4

5

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

2016

Page 9

29.597

29,597

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FORM 990-PF (2016)						
Part XIII	Un					

Form 990-PF (2016)							
Part XIII	Undistributed Income (see instructions)						

b Total for prior years

c From 2013. .

From 2011. . . .

b From 2012.

d From 2014.

e From 2015.

XII, line 4 > \$

indicated below:

1 Distributable amount for 2016 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2016 a Enter amount for 2015 only.

Excess distributions carryover, if any, to 2016

f Total of lines 3a through e.

d Applied to 2016 distributable amount. e Remaining amount distributed out of corpus

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2017.

10 Analysis of line 9

a Excess from 2012. . .

c Excess from 2014. . . .

b Excess from 2013. .

d Excess from 2015. .

e Excess from 2016. . .

6 Enter the net total of each column as

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 f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017 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

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).

115,479 70,090

88.596 418,729

470.907

70.090

88,596

418.729

470.907

555.230

(a)

Corpus

1,163,801

555.230

1,719,031

115,479

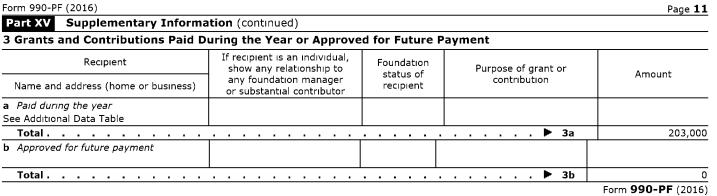
1,603,552

(b)

Years prior to 2015

(c)

2015



		Activities				(e)
er gross	amounts unless otherwise indicated	(a)	(b)	Excluded by section (c)	(d)	Related or exemp
-	service revenue	Business code	Amount	Exclusion code	Amount	(See instructions
	and contracts from government agencies					
-	rship dues and assessments					
	st on savings and temporary cash ments			14	574	
Dıvıden	ds and interest from securities					
	tal income or (loss) from real estate financed property.					
Not de	ebt-financed property					
	ntal income or (loss) from personal property					
Gain o	r (loss) from sales of assets other than					
	ory					
Gross p	rofit or (loss) from sales of inventory					
Other r OCMMI	evenue JNITY EVENT INCOME					307,4
е						
Subtota	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e).				574	,
Subtota Total. worksl	Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations	ns)		13	574 3	,
Subtota Total. A workshirt XVI ne No.	Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations.	ns) e Accomplish ncome is reporte	ment of Exemed in column (e) o	pt Purposes If Part XVI-A contribu	ted importantly to	308,04
Subtota Total. A worksh IT XVI Ne No.	Add line 12, columns (b), (d), and (e)	ns) e Accomplish ncome is reporte empt purposes (ment of Exemed in column (e) cother than by pro	pt Purposes of Part XVI-A contribut viding funds for such	ted importantly to purposes) (See	308,04
Subtota Total. worksh rt XVI ne No.	Add line 12, columns (b), (d), and (e)	e Accomplish income is reporti empt purposes (WERE HELD TO ARY AND EDUCA	ment of Exemed in column (e) cother than by pro ENRICH THE COTIONAL ACTIVITIE	pt Purposes If Part XVI-A contribut Viding funds for such MMUNITY THROUGH ES EVENTS INCLUDE	ted importantly to purposes) (See THE SUPPORT AND THE SINFONIA GO	308,04 PROMOTION OF ES POP AT ALYS
Subtota Total. worksh rt XVI ne No.	Add line 12, columns (b), (d), and (e)	e Accomplish income is reporti empt purposes (WERE HELD TO ARY AND EDUCA	ment of Exemed in column (e) cother than by pro ENRICH THE COTIONAL ACTIVITIE	pt Purposes If Part XVI-A contribut Viding funds for such MMUNITY THROUGH ES EVENTS INCLUDE	ted importantly to purposes) (See THE SUPPORT AND THE SINFONIA GO	308,04 PROMOTION OF ES POP AT ALYS
Subtota Total. worksh rt XVI e No. V	Add line 12, columns (b), (d), and (e)	e Accomplish income is reporti empt purposes (WERE HELD TO ARY AND EDUCA	ment of Exemed in column (e) cother than by pro ENRICH THE COTIONAL ACTIVITIE	pt Purposes If Part XVI-A contribut Viding funds for such MMUNITY THROUGH ES EVENTS INCLUDE	ted importantly to purposes) (See THE SUPPORT AND THE SINFONIA GO	308,04 D PROMOTION OF ES POP AT ALYS
Subtota Total. worksh rt XVI e No. V	Add line 12, columns (b), (d), and (e)	e Accomplish income is reporti empt purposes (WERE HELD TO ARY AND EDUCA	ment of Exemed in column (e) cother than by pro ENRICH THE COTIONAL ACTIVITIE	pt Purposes If Part XVI-A contribut Viding funds for such MMUNITY THROUGH ES EVENTS INCLUDE	ted importantly to purposes) (See THE SUPPORT AND THE SINFONIA GO	308,04 D PROMOTION OF ES POP AT ALYS
Subtota Total. worksh rt XVI e No. V	Add line 12, columns (b), (d), and (e)	e Accomplish income is reporti empt purposes (WERE HELD TO ARY AND EDUCA	ment of Exemed in column (e) cother than by pro ENRICH THE COTIONAL ACTIVITIE	pt Purposes If Part XVI-A contribut Viding funds for such MMUNITY THROUGH ES EVENTS INCLUDE	ted importantly to purposes) (See THE SUPPORT AND THE SINFONIA GO	308,04 D PROMOTION OF ES POP AT ALYS
Subtota Total., worksh rt XVI e No. ▼	Add line 12, columns (b), (d), and (e)	e Accomplish income is reporti empt purposes (WERE HELD TO ARY AND EDUCA	ment of Exemed in column (e) cother than by pro ENRICH THE COTIONAL ACTIVITIE	pt Purposes If Part XVI-A contribut Viding funds for such MMUNITY THROUGH ES EVENTS INCLUDE	ted importantly to purposes) (See THE SUPPORT AND THE SINFONIA GO	308,00 D PROMOTION OF ES POP AT ALYS
Subtota Total., worksh rt XVI e No. ▼	Add line 12, columns (b), (d), and (e)	e Accomplish income is reporti empt purposes (WERE HELD TO ARY AND EDUCA	ment of Exemed in column (e) cother than by pro ENRICH THE COTIONAL ACTIVITIE	pt Purposes If Part XVI-A contribut Viding funds for such MMUNITY THROUGH ES EVENTS INCLUDE	ted importantly to purposes) (See THE SUPPORT AND THE SINFONIA GO	308,00 D PROMOTION OF ES POP AT ALYS
Subtota Total., worksh rt XVI e No. ▼	Add line 12, columns (b), (d), and (e)	e Accomplish income is reporti empt purposes (WERE HELD TO ARY AND EDUCA	ment of Exemed in column (e) cother than by pro ENRICH THE COTIONAL ACTIVITIE	pt Purposes If Part XVI-A contribut Viding funds for such MMUNITY THROUGH ES EVENTS INCLUDE	ted importantly to purposes) (See THE SUPPORT AND THE SINFONIA GO	308,00 D PROMOTION OF ES POP AT ALYS
Subtota Total., worksh rt XVI e No. ▼	Add line 12, columns (b), (d), and (e)	e Accomplish income is reporti empt purposes (WERE HELD TO ARY AND EDUCA	ment of Exemed in column (e) cother than by pro ENRICH THE COTIONAL ACTIVITIE	pt Purposes If Part XVI-A contribut Viding funds for such MMUNITY THROUGH ES EVENTS INCLUDE	ted importantly to purposes) (See THE SUPPORT AND THE SINFONIA GO	308,00 D PROMOTION OF ES POP AT ALYS
Subtota Total. worksh rt XVI e No. V	Add line 12, columns (b), (d), and (e)	e Accomplish income is reporti empt purposes (WERE HELD TO ARY AND EDUCA	ment of Exemed in column (e) cother than by pro ENRICH THE COTIONAL ACTIVITIE	pt Purposes If Part XVI-A contribut Viding funds for such MMUNITY THROUGH ES EVENTS INCLUDE	ted importantly to purposes) (See THE SUPPORT AND THE SINFONIA GO	308,00 D PROMOTION OF ES POP AT ALYS
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Subtota Total. worksh rt XVI ne No.	Add line 12, columns (b), (d), and (e)	e Accomplish income is reporti empt purposes (WERE HELD TO ARY AND EDUCA	ment of Exemed in column (e) cother than by pro ENRICH THE COTIONAL ACTIVITIE	pt Purposes If Part XVI-A contribut Viding funds for such MMUNITY THROUGH ES EVENTS INCLUDE	ted importantly to purposes) (See THE SUPPORT AND THE SINFONIA GO	308,04 D PROMOTION OF ES POP AT ALYS
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Subtota Total. worksh rt XVI e No. V	Add line 12, columns (b), (d), and (e)	e Accomplish income is reporti empt purposes (WERE HELD TO ARY AND EDUCA	ment of Exemed in column (e) cother than by pro ENRICH THE COTIONAL ACTIVITIE	pt Purposes If Part XVI-A contribut Viding funds for such MMUNITY THROUGH ES EVENTS INCLUDE	ted importantly to purposes) (See THE SUPPORT AND THE SINFONIA GO	308,00 D PROMOTION OF ES POP AT ALYS
Subtota Total. workshirt XVI ne No.	Add line 12, columns (b), (d), and (e)	e Accomplish income is reporti empt purposes (WERE HELD TO ARY AND EDUCA	ment of Exemed in column (e) cother than by pro ENRICH THE COTIONAL ACTIVITIE	pt Purposes If Part XVI-A contribut Viding funds for such MMUNITY THROUGH ES EVENTS INCLUDE	ted importantly to purposes) (See THE SUPPORT AND THE SINFONIA GO	308,04 D PROMOTION OF ES POP AT ALYS
Subtota Total. workshirt XVI ne No.	Add line 12, columns (b), (d), and (e)	e Accomplish income is reporti empt purposes (WERE HELD TO ARY AND EDUCA	ment of Exemed in column (e) cother than by pro ENRICH THE COTIONAL ACTIVITIE	pt Purposes If Part XVI-A contribut Viding funds for such MMUNITY THROUGH ES EVENTS INCLUDE	ted importantly to purposes) (See THE SUPPORT AND THE SINFONIA GO	308,04 D PROMOTION OF ES POP AT ALYS

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

ч	alf YAT	Exempt Organ	izations							
1			ndirectly engag				ation described in section 5 al organizations?	01	Yes	No
а		from the reporting four					-			
		h						1a(1)		No
	(2) Oth	er assets						1a(2)		No
b	Other tra	insactions								
	(1) Sale	es of assets to a noncha	rıtable exempt	organization.				1b(1)		No
	(2) Pure	chases of assets from a	noncharitable e	exempt organ	iization			1b(2)		No
	(3) Ren	tal of facilities, equipme	nt, or other as:	sets				1b(3)		No
	(4) Reir	mbursement arrangemei	nts					1b(4)		No
	(5) Loa	ns or loan guarantees.						1b(5)		No
	(6) Perfo	ormance of services or n	nembership or	fundraising s	olicitations			1b(6)		No
	_	of facilities, equipment,		•				1c		No
d							always show the fair mark ived less than fair market			
							ssets, or services received	raiue		
	,	-			. ,		,			
(a)	Line No	(b) Amount involved	(c) Name of n	noncharitable ex	empt organization	(d) Description	of transfers, transactions, and	sharing arra	ingemen	nts
2 a		undation directly or indir	•	•	•					
		d in section 501(c) of the	•	than section 5	501(c)(3)) or in sec	tion 527?		∐ Yes	✓ N	lo
Ь	If "Yes,"	complete the following s		1	(I.) T ((-) D	1-1		
		(a) Name of organizati	on		(b) Type of organizati	on	(c) Description of r	lationship		
							nying schedules and stater			
c:		my knowledge and belle Ich preparer has any kn		rrect, and cor	npiete Declaration	of preparer (otr	ner than taxpayer) is based	on all info	rmation	n or
	ere 👠	*****			2017-11-07	*****	May t	he IRS discu	ss this r	eturn
						—) <u> </u>		he preparer		
		Signature of officer or	trustee		Date	/ Title	(see	nstr)? 🗹 🕻	Yes ⊔ N	No
		Print/Type preparer'	s name	Preparer's Sig	gnature	Date	PTIN			
							Check if self-	P01048	8625	
		SUSAN R WALLER				2017-11-07	, employed ▶ 📙	, 51040		
	aid					2017 11-07	101/11-0/			
	epare		RLAND BENEFIE	ELD PC		•	Firm	's EIN ▶63	-07217	243
U	se Onl	-	61 SUMMIT BL	VD CHITE 247	<u> </u>					
		mini s address F 3	OT SOMMITT BE,	AD SOLIE ST	J		Db -	o no /305	י מכם ני	0000
		BIRMINGHAM, AL 35243						ne no (205	1) 9/0-	JUBU

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation JAMES T STEPHENS CHAIRMAN 1 00 5724 HIGHWAY 280 EAST BIRMINGHAM, AL 352426818 **DELL S BROOKE** VICE PRESIDENT 1 00 5724 HIGHWAY 280 EAST

BIRMINGHAM, AL 352426818				
JDAVID WALKER	VICE-	0	0	0
5724 HIGHWAY 280 EAST BIRMINGHAM, AL 352426818	PRESIDENT/TREASURER 1 00			
JASON COMER	PRESIDENT & SECRY	0	0	0

1 00

5724 HIGHWAY 280 EAST BIRMINGHAM, AL 352426818

SANDRA BULLOCK ASST SECRY

1 00

5724 HIGHWAY 280 EAST BIRMINGHAM, AL 352426818

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

Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year				
30A 10K INC PO BOX 613651 WATERSOUND, FL 32461	NONE	PC	SUPPORT OF THE ORGANIZATION	1,000
ALAQUE ANIMAL REFUGE 914 WHITFIELD RD FREEPORT, FL 32439	NONE	PC	ANIMAL RESCUE	30,000
ARC OF WALTON COUNTY INC PO BOX 813 DEFUNIAK SPRINGS, FL 324350813	NONE	PC	SUPPORT OF THE ORGANIZATION	500
BAY EDUCATION FOUNDATION INC 1311 BALBOA AVE PANAMA CITY BEACH, FL 324012080	NONE	PC	SUPPORT OF THE ORGANIZATION	2,500
CHILDREN'S VOLUNTEER HEALTH	NONE	PC	SUPPORT OF THE	50,000

50,000 NONE SUPPORT OF THE ORGANIZATION

PO BOX 12142

CHILDREN'S VOLUNTEER HEALTH NETWORK INC SANTA ROSA BEACH, FL 32459

203,000 За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment						
Recipient	Recipient If recipient is an individual, Foundation Purpose of grant or show any relationship to status of contribution					
Name and address (home or business)	any foundation manager or substantial contributor	recipient				
a Paid during the year						
GULF COAST COUNCIL BOY SCOUTS OF AMERICA 9440 UNIVERSITY PARKWAY PENSACOLA, FL 32514	NONE	PC	SUPPORT OF BOYSCOUTS	10,000		
JDRF INTERNATIONAL 26 BROADWAY 14TH FLR NEW YORK, NY 100041703	NONE	PC	SUPPORT OF THE ORGANIZATION	10,000		
LIGHTHOUSE FAMILY RETREAT 45 TECHNOLOGY PRKWY S 225 NORCROSS, GA 30092	NONE	PC	SUPPORT OF THE ORGANIZATION	25,000		
PRESCHOOL AT POINT WASHINGTON INC 1290 N COUNTY HIGHWAY 395 SANTA ROSA BEACH, FL 324595908	NONE	PC	SUPPORT OF THE ORGANIZATION	3,500		
ROSEMARY BEACH FOUNDATION INC PO BOX 611306 ROSEMARY BEACH, FL 32461	NONE	PC	SUPPORT OF THE ORGANIZATION	4,500		
Total				203,000		

Form 990PF Part XV Line 3 - Grants 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						
SANDCASTLE KIDS INC 431 CARSON OAKS LN SANTA ROSA BEACH, FL 324597159	NONE	PC	SUPPORT OF THE ORGANIZATION	5,000		
SCENIC CORRIDOR FOUNDATION INC 7800 US HIGHWAY 98 MIRIMAR, FL 32550	NONE	PC	5SUPPORTS 30A SCENIC CORRIDOR HIGHWAY	5,000		
SEASIDE REPERTORY 30 SMOLIAN CIRCLE SANTA ROSA BEACH, FL 32459	NONE	PC	SUPPORT ARTS ORGANIZATION IN WALTON COUNTY	10,000		
SOUTH WALTON YOUTH FOOTBALL 325 MOLL DRIVE SANTA ROSA BEACH, FL 32459	NONE	PC	SUPPORT OF THE ORGANIZATION	15,000		
THE MATTIE KELLY ARTS FOUNDATION INC 4323 COMMONS DR W DESTIN, FL 325418414	NONE	PC	SUPPORT OF THE ORGANIZATION	20,000		
Total				203,000		

Foundation Purpose of grant or Recipient If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year THE SEASIDE SCHOOL FOUNDATION NONE PC. SUPPORT OF THE 10,000 INC ORGANIZATION DO DOY 400E

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

SANTA ROSA BEACH, FL 32459				
WALTON EDUCATION FOUNDATION INC 145 PARK ST SUITE 5	NONE	PC	GOLD SPONSORSHIP	1,000

WALTON EDUCATION FOUNDATION INC	NONE	PC	GOLD SPONSORSHIP	1,000
145 PARK ST SUITE 5				
DEFUNIAK SPRINGS, FL 32435				
			<u> </u>	

145 PARK ST SUITE 5 DEFUNIAK SPRINGS, FL 32435		
Total	 	203,000

За

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491317017597								
TY 2016 Accounting Fe	TY 2016 Accounting Fees Schedule							
_								
Name: THE ALYS FOUNDATIONINC EIN: 20-1771428								
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes				
ACCOUNTING FEES	5,524	0	0	0				

As Filed Data -

Name: THE ALYS FOUNDATIONING

Other Assets Schedule

LEASEHOLD IMPROVEMENTS

EIN: 20-1771428

End of Year - Book

221,955

Value

End of Year - Fair

DLN: 93491317017597

Description

Market Value

221,955

Beginning of Year -Book Value

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491317017597							
TY 2016 Other Expenses Sche	dule						
ı							
Name: THE ALYS FOUNDATIONINC							
EIN:	I: 20-1771428						
Other Expenses Schedule	Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
AB FOUNDATION EVENTS	137,046	0	137,046	0			
LICENSES, PERMITS, FEES	3,509	0	2,983	0			
BANK SERVICE CHARGES	270	0	0	0			
OFFICE SUPPLIES	148	0	0	0			

50

158,352

1,734

12,333

6,304

7,739

0

0

0

0

0

0

0

0

144,462

12,333

6,304

7,739

MISCELLANEOUS

EVENT SUPPLIES

CONTRACT LABOR

LODGING

ENTERTAINMENT MEALS

DUES AND SUBSCRIPTIONS

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

-159.872

159.872

				-
ADVERTISING/PROMOTIONAL	74,286	0	74,286	
BAD DEBTS	2,000	0	0	

Other Expenses Schedule

OUALIFYING DISTRIBUTION

EVENT EXPENSES IN EXCESS TREATED AS

efile GRAPHIC print - DO NOT PROCESS

Name: THE ALYS FOUNDATIONING

As Filed Data -

COMMUNITY EVENT INCOME

	FIN:	20-1//1428	
Other Income Schedule			

Net Investment

Adjusted Net Income

DLN: 93491317017597

Description

307,473

Income

307,473

Revenue And **Expenses Per Books**

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491317017597								
TY 2016 Other Profession	nal Fees Schedu	le						
N	Name: THE ALYS FOUNDATIONINC EIN: 20-1771428							
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes				
DIGITAL GRAFFITI - CURATOR FEES	8,597	0	8,597	0				
BEACH POPS ORCHESTRA FEES	10,000	0	10,000	0				
OTHER PROFESSIONAL FEES	28,575	0	28,575	0				

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 934913170175	97			
TY 2016 Substantial Contributors							
Schedule							
Name: THE ALYS FOUNDATIONINC							
FTN:	20-1771428						
E2141				<u>—</u> 1			
Name			Address				
ASHLEY J AND JONATHAN PAPELBON			AVAILABLE UPON REQUEST ALYS BEACH, FL 35413				

efile GRAPHIC print - I	efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491317017597						
Schedule B (Form 990, 990-EZ,	Schedule of Contributors		OMB No 1545-0047				
or 990-PF) Department of the Treasury Internal Revenue Service	Department of the Treasury Internal Revenue Service Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990						
Name of the organizat THE ALYS FOUNDATIONI		Employer id	entification number				
		20-1771428					
Organization type (che	eck 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	ion					
	☐ 527 political organization						
Form 990-PF	√ 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation	4947(a)(1) nonexempt charitable trust treated as a private foundation					
501(c)(3) taxable private foundation							
141	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution r property) from any one contributor. Complete Parts I and II. See instructions for c	•	•				
Special Rules							
under sections to under sections to under sections to the under sections are under sections.	tion described in section $501(c)(3)$ filing Form 990 or 990-EZ that met the $33^13\%$ s $509(a)(1)$ and $170(b)(1)(A)(vi)$, that checked Schedule A (Form 990 or 990-EZ), Pa by one contributor, during the year, total contributions of the greater of (1) \$5,000 cm 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II	art II, line 13,	16a, or 16b, and that				
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							
during the year, If this box is che purpose Do not	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 lf 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						
990-EZ, or 990-PF), bu	on that is not covered by the General Rule and/or the Special Rules does not file S to it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of	d of its					
For Paperwork Reduction for Form 990, 990-EZ, or 99		е В (Form 990,	, 990-EZ, or 990-PF) (2016)				

Name of organization THE ALYS FOUNDATIONINC

Employer identification number

		20-1771	428
Part I	Contributors (see Instructions) Use duplicate copies of Part I if additional s	pace is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	See Additional Data Table	\$	Person Payroll Noncash
(a)	(b)	(c)	(Complete Part II for noncash contribution) (d) Type of
No.	Name, address, and ZIP + 4	Total contributions S	contribution Person Payroll Noncash
(a)	(b)	(c)	(Complete Part II for noncash contribution) (d) Type of
No.	Name, address, and ZIP + 4	Total contributions	contribution Person Payroll Noncash
(a)	(b)	(c)	(Complete Part II for noncash contribution)
No.	Name, address, and ZIP + 4	Total contributions S	Type of contribution Person Payroll Noncash
(a)	(b)	(c)	(Complete Part II for noncash contribution) (d) Type of
No.	Name, address, and ZIP + 4	Total contributions	contribution Person Payroll Noncash (Complete Part II
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	contribution) (d) Type of contribution
		\$	Person Payroll Noncash
			(Complete Part II for noncash contribution)

Schedule B (Form 99	00, 990-EZ, or 990-PF) (2016)		Page 3
Name of organizatio		Employer identi	fication number
THE AETS TOONDATIO	Mine	20-1771428	
Part II	Noncash Property		
(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)		Page 4
Name of organizat THE ALYS FOUNDAT:			Employer identification number 20-1771428
than \$1, organiza the year	000 for the year from any one contributo	r. Complete columns (a) throu of exclusively religious, charit actions.) ► \$	in section 501(c)(7), (8), or (10) that total more igh (e) and the following line entry. For able, etc., contributions of \$1,000 or less for
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 R	elationship of transferor to transferee
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 R	elationship of transferor to transferee
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 R	elationship of transferor to transferee
(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		elationship of transferor to transferee
			ahadula D (Farma 000, 000 F7, 000 DF) (0040)
		S	chedule B (Form 990, 990-EZ, or 990-PF) (2016)

Additional Data

Software ID:

Software Version:

EIN: 20-1771428

Name: THE ALYS FOUNDATIONINC

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	THOMAS E AND JANET L SCHULTHEIS		Person 🗸
<u>1</u>			Payroll 🗍
	AVAILABLE UPON REQUEST	\$ 10,000	Noncash
	ALYS BEACH, FL32413		
			(Complete Part II for not contribution)
	MICHAEL S AND JOHNNIE H BOND		Person 🗸
2			Payroll 🗍
	AVAILABLE UPON REQUEST	\$ 11,900	Noncash \Box
	ALYS BEACH, FL32413		
			(Complete Part II for not contribution)
	SHANNON B AND FALCON H TERRY		Person 🗸
3			Payroll 🗍
	AVAILABLE UPON REQUEST	\$ 9,000	Noncash \Box
	ALYS BEACH, FL32413		
			(Complete Part II for not contribution)
	STANLEY W BENECKI		Person 🗸
<u>4</u>			Payroll 🗍
	AVAILABLE UPON REQUEST	\$ 14,000	Noncash 🗆
	ALYS BEACH, FL32413		
			(Complete Part II for not contribution)
	SIENER PROPERTIES LLC		Person 🗸
<u>5</u>			Payroll 🗌
	AVAILABLE UPON REQUEST	\$ 12,000	Noncash \Box
	ALYS BEACH, FL32413		
			(Complete Part II for no contribution)
	WATERDANCE PROPERTIES LLC		Person 🗸
<u>6</u>			Payroll 🗌
	AVAILABLE UPON REQUEST	\$ 5,200	Noncash \square
	ALYS BEACH, FL32413		(Complete Part II for no

orm 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	DAVID R SMITH		Person 🗸
<u>7</u>			Payroll \square
	AVAILABLE UPON REQUEST	<u>\$ 11,857</u>	Noncash 🗆
	ALYS BEACH, FL32413		(Complete Part II for noncash
			contribution)
0	JOE B NATCHER		Person 🗸
<u>8</u>	AVAILABLE UPON REQUEST		Payroll 🗌
	AVAILABLE OPON REQUEST	\$ 5,350	Noncash \square
	ALYS BEACH, FL32413		(Complete Part II for noncash
	NUMERIC CAMERO DODDO AUSTI		contribution)
<u>9</u>	JULIETTE CAMORS DOBBS ALLEN		Person 🗸
<u>=</u>	AVAILABLE UPON REQUEST		Payroll 🗌
		\$ 12,472	Noncash \square
	ALYS BEACH, FL32413		(Complete Part II for noncash
	ASHLEY J AND JONATHAN PAPELBON		contribution)
<u>10</u>	ASTREET S AND SONATTIAN TALEBON		Person 🗸
_	AVAILABLE UPON REQUEST	\$ 70,500	Payroll
	ALYS BEACH, FL32413	* 70,300	Noncash 📙
	ALIS BEACH, FL32413		(Complete Part II for noncash
	BENECKI LLC		contribution) Person
<u>11</u>			Person ✓ Payroll □
	AVAILABLE UPON REQUEST	\$ 10,000	,]
	ALYS BEACH, FL32413		Noncash \square
	7.2.3 52.1.6.1, 1252.125		(Complete Part II for noncash contribution)
	TAYLOR-MAY TRUST		Person 🗸
<u>12</u>			Payroll 🗍
	AVAILABLE UPON REQUEST	<u>\$ 12,375</u>	Noncash \square
	ALYS BEACH, FL32413		(Complete Part II for noncash
			(Complete Part II for noncash contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	RA AND SANDRA SPELL		Person 🗸
<u>13</u>			Payroll 🗍
	AVAILABLE UPON REQUEST	\$ 13,425	Noncash 🗆
	ALYS BEACH, FL32413		
			(Complete Part II for noncash contribution)
	ALYS HH1 LLC		Person 🗸
14			Payroll 🗌
	AVAILABLE UPON REQUEST	\$ 10,150	Noncash \square
	ALYS BEACH, FL32413		(Complete Part II for noncash
			contribution)
4.5	BOB AND MARIE PARKS		Person 🗸
<u>15</u>	AVAZI ARI E URAN REGUISAT		Payroll 🗌
	AVAILABLE UPON REQUEST	\$ 16,000	Noncash \square
	ALYS BEACH, FL32413		(Complete Part II for noncash
			contribution)
16	EDWARD AND MARTHA THORNE		Person 🗸
<u>16</u>	AVAILABLE UPON REQUEST		Payroll 🗌
		\$ 9,250	Noncash \square
	ALYS BEACH, FL32413		(Complete Part II for noncash
	MARCON DE BLACE LA		contribution)
<u>17</u>	MAISON DE PLAGE LLC		Person 🗸
1	AVAILABLE UPON REQUEST		Payroll 🗌
		\$ 7,900	Noncash \square
	ALYS BEACH, FL32413		(Complete Part II for noncash
	CHARLES BAND CHEAN WEST SHIPP		contribution)
<u>18</u>	CHARLES B AND SUSAN VICE SHIPP		Person 🗸
	AVAILABLE UPON REQUEST		Payroll 🗌
		\$ 19,150	Noncash \square
	ALYS BEACH, FL32413		(Complete Part II for noncash
			contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	RICHARD L AND KIMBERLY G FOGELMAN		Person 🗸
<u>19</u>			Payroll 🗌
	AVAILABLE UPON REQUEST	\$ 13,875	Noncash \square
	ALYS BEACH, FL32413		(Complete Part II for noncash contribution)
	WAHOO INVESTMENTS LLC		Person 🗸
<u>20</u>			Payroll 🗍
	AVAILABLE UPON REQUEST	\$ 14,500	Noncash \square
	ALYS BEACH, FL32413		(Complete Part II for noncash contribution)
	ALAN G CARNRITE		Person 🗸
<u>21</u>			Payroll
	AVAILABLE UPON REQUEST	\$ 22,500	Noncash
	ALYS BEACH, FL32413		
			(Complete Part II for noncash contribution)
	THE BENJAMIN WRIGHT TRUST		Person 🗸
22			Payroll 🗌
	AVAILABLE UPON REQUEST	\$ 6,557	Noncash \Box
	ALYS BEACH, FL32413		(Complete Part II for noncash contribution)
	GEORGE A MARYLIN K AND WESLY A HOKE		Person 🗸
<u>23</u>			Payroll 🗍
	AVAILABLE UPON REQUEST	\$ 6,585	Noncash \Box
	ALYS BEACH, FL32413		(Complete Part II for noncash
			contribution)
<u>24</u>	GRB BEACH PROPERTIES LLC		Person 🗸
	AVAILABLE UPON REQUEST		Payroll 🗌
		\$ 6,730	Noncash \square
	ALYS BEACH, FL32413		(Complete Part II for noncash contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	CRAIG AND TERRI HOLLEY		Person 🗸
<u>25</u>			Payroll 🗌
	AVAILABLE UPON REQUEST	\$ 15,373	Noncash \Box
	ALYS BEACH, FL32413		(Complete Part II for noncash contribution)
	BYRON PATRICK AND JOANNE EVJE		Person 🗸
<u>26</u>			Payroll 🗍
	AVAILABLE UPON REQUEST	\$ 6,827	Noncash \square
	ALYS BEACH, FL32413		(Complete Part II for noncash contribution)
	DERRY B BUNTING		Person 🗸
<u>27</u>			Payroll
	AVAILABLE UPON REQUEST	\$ 8,039	Noncash
	ALYS BEACH, FL32413		(Complete Part II for noncash
			contribution)
20	DEREK F & FARRAH S BENEDETTO		Person 🗸
<u>28</u>	AVAILABLE UPON REQUEST		Payroll 🗌
		\$ 6,766	Noncash \square
	ALYS BEACH, FL32413		(Complete Part II for noncash contribution)
	MICHAEL J RIDGEWAY		Person 🗸
<u>29</u>			Payroll 🗌
	AVAILABLE UPON REQUEST	\$ 6,714	Noncash \square
	ALYS BEACH, FL32413		(Complete Part II for noncash contribution)
	LOBSTER FUND LLC		Person 🗸
30			Payroll 🗍
	AVAILABLE UPON REQUEST	\$ 11,000	Noncash 🗆
	ALYS BEACH, FL32413		
			(Complete Part II for noncash contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	KOG INVESTMENTS		Person 🗸
<u>31</u>			Payroll 🗌
	AVAILABLE UPON REQUEST	\$ 6,960	Noncash \Box
	ALYS BEACH, FL32413		(Complete Part II for noncash contribution)
	BRENT JAMES GIBBS		Person 🗸
32			Payroll 🗍
	AVAILABLE UPON REQUEST	\$ 6,844	Noncash \square
	ALYS BEACH, FL32413		(Complete Part II for noncash contribution)
	DBB WATERCOLOR LLC		Person 🗸
<u>33</u>			Payroll 🗍
	AVAILABLE UPON REQUEST	\$ 8,682	Noncash 🗆
	ALYS BEACH, FL32413		(Complete Part II for noncash contribution)
	MARK MOLINARO		Person 🗸
<u>34</u>			Payroll 🗍
	AVAILABLE UPON REQUEST	\$ 11,450	Noncash \square
	ALYS BEACH, FL32413		(Complete Part II for noncash contribution)
	J&KL LLC		Person 🗸
<u>35</u>			Payroll 🗍
	AVAILABLE UPON REQUEST	\$ 20,850	Noncash \square
	ALYS BEACH, FL32413		(Complete Part II for noncash contribution)
	INLET 5 LLC		Person 🗸
<u>36</u>			Payroll
	AVAILABLE UPON REQUEST	\$ 12,850	Noncash \square
	ALYS BEACH, FL32413	1	
			(Complete Part II for noncash contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	TIMOTHY J SIMS		Person 🗸
<u>37</u>			Payroll 🗌
	AVAILABLE UPON REQUEST	\$ 11,688	Noncash \Box
	ALYS BEACH, FL32413		(Complete Part II for noncash contribution)
	BACK 30 LLC		Person 🗸
38			Payroll 🗌
	AVAILABLE UPON REQUEST	\$ 8,000	Noncash \Box
	ALYS BEACH, FL32413		(Complete Part II for noncash contribution)
	STUART CLAYTON MCWHORTER		Person 🗸
<u>39</u>			Payroll 🗍
	AVAILABLE UPON REQUEST	\$ 9,875	Noncash 🗆
	ALYS BEACH, FL32413		(Complete Part II for noncash contribution)
	ZYDRUNAS RIBACIAUSKAS		Person 🗸
<u>40</u>			Payroll 🗌
	AVAILABLE UPON REQUEST	\$ 6,000	Noncash \square
	ALYS BEACH, FL32413		(Complete Part II for noncash contribution)
	STEPHEN C KING		Person 🗸
41			Payroll 🗍
	AVAILABLE UPON REQUEST	\$ 15,500	Noncash 🗆
	ALYS BEACH, FL32413		(Complete Part II for noncash contribution)
	PH LAYNE CAPITAL		Person 🗸
42			Payroll 🗍
	AVAILABLE UPON REQUEST	\$ 15,500	Noncash 🗆
	ALYS BEACH, FL32413		(Complete Part II for noncash contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution Νo. Total contributions MULFORD JORDAN WALDROP Person **✓** <u>43</u> Payroll AVAILABLE UPON REQUEST \$ 8,675 Noncash ALYS BEACH, FL32413 (Complete Part II for noncash contribution) JOHN AND LISA PERDEW Person ✓ <u>44</u> Payroll AVAILABLE UPON REQUEST \$ 9,275 Noncash ALYS BEACH, FL32413 (Complete Part II for noncash contribution) NICHOLAS W GOLE AND ELLISA KERSWELL Person **V** <u>45</u> Payroll AVAILABLE UPON REQUEST \$ 5,000 Noncash ALYS BEACH, FL32413 (Complete Part II for noncash contribution) VINCENT AND YVETTE AQUINO Person **V** <u>46</u> **Payroll** AVAILABLE UPON REQUEST \$ 5,400 Noncash ALYS BEACH, FL32413 (Complete Part II for noncash contribution)