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2016

OMB No 1545-0052

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

Open to Public Inspection

		ndar year 2016, or tax year beginning 01-01-20	16 , aı	nd en	ding 12-31-		
TC	M AND	ndation KATHY SHANNON FAMILY ION INC			20-8070461	entification numbe	er
		street (or P O box number if mail is not delivered to street address) BACCO ROAD	Room/suite		<b>B</b> Telephone nu (813) 961-1040	mber (see instructio	ns)
	or town 2, FL 3:	, state or province, country, and ZIP or foreign postal code 3558				application is pendir	g, check here
<b>H</b> Ch	eck ty	I that apply	oundation		Foreign of test, chec  E If private for	ganizations, check h rganizations meeting k here and attach co undation status was n 507(b)(1)(A), chec	the 85% the 85% the state of th
Fai of	r mark year <i>(f</i> .		☑ Cash ☐ Accru	ıal		ation is in a 60-mont n 507(b)(1)(B), ched	
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily 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	95,450				
	2	schedule)  Check ▶ ☐ If the foundation is <b>not</b> required to attach  Sch B					
	3 4 5a	Interest on savings and temporary cash investments  Dividends and interest from securities  Gross rents	148,070		148,070		
KIE	ь 6а	Net rental income or (loss)  Net gain or (loss) from sale of assets not on line 10	-7,049	'			
Revenue	b 7 8	Gross sales price for all assets on line 6a 3,021,341 Capital gain net income (from Part IV, line 2)			0		
	9 10a	Net short-term capital gain					
	ь с 11	Less Cost of goods sold					
	12	Total. Add lines 1 through 11	236,471		148,070		
ses	13 14 15 16a	Compensation of officers, directors, trustees, etc  Other employee salaries and wages	0		0		(
Expen	b c	Accounting fees (attach schedule)	3,600	'	1,800		1,800
nistrative	17 18 19	Interest	907		0		(
Operating and Administrative Expenses	20 21 22	Occupancy					
atıng a	23 24	Other expenses (attach schedule)	4,582		3,062		119
Oper	25	Add lines 13 through 23	9,089 176,850	-	4,862		1,919 176,850
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	185,939		4,862		178,769
	27 a	Subtract line 26 from line 12  Excess of revenue over expenses and disbursements	50,532				
F	b c	Net investment income (If negative, enter -0-)  Adjusted net income(If negative, enter -0-)			143,208		rm <b>990-PF</b> (2016

2,850,204

3,033,930

3,033,930

3,033,930

3,033,930

2.999,389

3,084,462

3,084,462

3,084,462

3,084,462

2

3

4

5

6

3,033,930

3,084,462

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

50,532

0

2,915,232

3,000,305

# 8 Assets 9 10a b C 11

12

13

14

15

16

17

18

19

20

21 22

23

24

25

26

28

29

31

Part III

2

Liabilities

Balances

Fund

ŏ

Assets 27

Net 30 Prepaid expenses and deferred charges . . . . . .

Investments—land, buildings, and equipment basis ▶ \_

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

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 accumulated depreciation (attach schedule)

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

Investments—U S and state government obligations (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) . . . . . . . . . . . . .

Form 990	)-PF (2016)					Page <b>3</b>
Part I\	Capital Gains	and Losses for Tax on Invest	ment Income			
	List and describe to 2-story brick ware	(a) the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )	
<b>1</b> a PU	BLICLY TRADED SECU	RITIES				
	BLICLY TRADED SECU					
c						
d						
e						
	(e) Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale	Gain d	h) or (loss) ) minus (g)
a		2,842		808,9	74	3,868
b	2,20	8,499		2,219,4	16	-10,917
С						
d						
е						
Co	mplete only for assets	showing gain in column (h) and ow	ned by the foundation	on 12/31/69	,	Ί)
	(i) F M V as of 12/31/69	(j)	(k)  Excess of col (i)  over col (j), if any		Gains (Col ( col (k), but not	h) gain minus less than -0-) <b>or</b> om col (h))
а						3,868
b						-10,917
С						,
d						
е е						
<b>3</b> N	•	gain or (loss) as defined in sections rt I, line 8, column (c) (see instructi	ons) If (loss), enter -0	Part I, line 7	2	-7,049
"	rrait i, iiie o				1	
Part V	Qualification U	Jnder Section 4940(e) for Re	educed Tax on Net	Investment I	Income	
	onal use by domestic p	rivate foundations subject to the sec	ction 4940(a) tax on ne	et investment inc	ome )	
Was the f	foundation liable for th	e section 4942 tax on the distributa ot qualify under section 4940(e) Do			od? 🔲 Y	es 🔽 No
		nount in each column for each year,			ies	
Base p	(a) period years Calendar tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab		<b>(d)</b> Distribution rat (col (b) divided by c	
, (	2015	222,117		3,029,807	,	0 073311
	2014	215,086		3,135,220		0 068603
	2013	190,464		3,192,522		0 059659
	2012	348,086		3,155,911		0 110297
	2011	147,233		2,980,154		0 049404
2 To	tal of line 1, column (c			2	,	0 361274
		o for the 5-year base period—divide	the total on line 2 by 5			0.073355

number of years the foundation has been in existence if less than 5 years 0 0/2255 4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5 4 2,988,430 5 215,929 **6** Enter 1% of net investment income (1% of Part I, line 27b) . 6 1,432 **7** Add lines 5 and 6 . . . . . 7 217,361 **8** Enter qualifying distributions from Part XII, line 4 , . . . . . . . . 178,769 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions

Form 990-PF (2016)	Page <b>7</b>
Part VIII  Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "N	ONE".
(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 of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	
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	
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3	<b>D</b>
Iotal. Add lines 1 through 3	Form <b>990-PF</b> (2016)

3a 3h

4

5

178.769

178.769

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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. 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 set aside for specific charitable projects that satisfy the

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

3

4

5

**b** Total for prior years

a From 2011. . . . .

**b** From 2012. . . . c From 2013. . .

d From 2014. . . . .

e From 2015. . . . .

2016

Page 9

146,558

146,558

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		9	-	T	7	7	4	Г	П		Π	

90-PF (20	016)	
XIII	Undistributed Income	(see instructions)

Distributable amount for 2016 from Part XI, line 7

51,332

33 119

60.643 72,683

51.332

33,119 60.643

72.683

32.211

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

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

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

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 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 . . . . . 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. . .

c Excess from 2014. . . .

d Excess from 2015. . .

e Excess from 2016. . .

**b** Excess from 2013. .

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

indicated below:

4 Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ 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). . . . . . . . . . (a)

Corpus

217.777

32.211

249,988

249,988

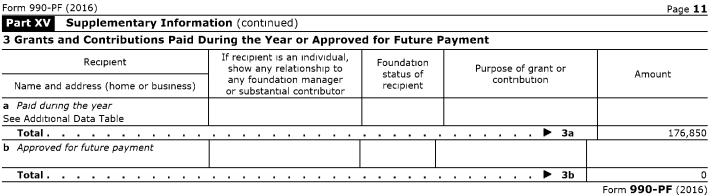
0

(b)

Years prior to 2015

(c)

2015



Form 990-PF (2016)					Page <b>12</b>
Part XVI-A Analysis of Income-Producing	Activities				
Enter gross amounts unless otherwise indicated	Unrelated b	usiness income	Excluded by sectio	n 512, 513, or 514	(e) Related or exempt
1 Program service revenue	(a) Business code			(d) Amount	function income (See instructions )
a			Exclusion code	7.111.02.112	
b					
c					
d					
e					
f					
<b>g</b> Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	148,070	
5 Net rental income or (loss) from real estate				,	
a Debt-financed property					
<b>b</b> Not debt-financed property					
<b>6</b> Net rental income or (loss) from personal property					
<b>7</b> Other investment income					
8 Gain or (loss) from sales of assets other than			_		
inventory			18	-7,049	
<ul><li>9 Net income or (loss) from special events</li><li>10 Gross profit or (loss) from sales of inventory</li></ul>					
11 Other revenue a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)		0		141,021	0
<b>13 Total.</b> Add line 12, columns (b), (d), and (e)			1	.3	141,021
(See worksheet in line 13 instructions to verify calculation					
Part XVI-B Relationship of Activities to the					
Line No. Explain below how each activity for which the accomplishment of the foundation's ex					
instructions )	compe par poses	(other than b) pro-	riding fands for such	r par poses, (see	
·					
					_
				_	000 BE (***

. ,	
ш	Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Part XVI	Exempt Organi:	zations								
1 Did the d	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501 (c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?  Yes No									
	fers from the reporting foundation to a noncharitable exempt organization of									
<b>(1)</b> Cas	(1) Cash									
(2) Other assets									No	
<b>b</b> Other transactions									1	
	(1) Sales of assets to a noncharitable exempt organization									
	chases of assets from a n						.   1b(2) .   1b(3)		No	
(3) Rental of facilities, equipment, or other assets									No No	
(4) Reimbursement arrangements									No	
	(5) Loans or loan guarantees.         1b(5)         No           (6) Performance of services or membership or fundraising solicitations.         1b(6)         No									
c Sharing	of facilities, equipment, m	nailing lists, o	ther assets, o	r paid employees.			1c		No	
	swer to any of the above									
	oods, other assets, or serv ansaction or sharing arra									
iii aiiy ti	ansaction or snaming arra	ngement, sno	w iii coluiiii (	d) the value of the	goods, other ass	ets, or services receive	:u			
(a) Line No	(b) Amount involved	(c) Name of r	noncharitable ex	empt organization	(d) Description o	f transfers, transactions, a	nd sharıng arra	ngemen	its	
									-	
	undation directly or indire									
	d in section 501(c) of the		than section 5	501(c)(3)) or in sect	tion 527?		. ∐Yes	<b>✓</b> N	10	
<b>b</b> If "Yes,"	complete the following so		1 .	(b) T of annual	1	(a) Danamatana a	£			
	(a) Name of organization	<u> </u>	'	(b) Type of organization	on	(c) Description o	гтегастопыпр			
	der penalties of perjury, i my knowledge and belief									
I .	ich preparer has any kno	•	irrect, and con	ipiete Deciaration	or preparer (other	tilali taxpayei ) is bas	eu on an imoi	mation	1 01	
Here \	*****	•		2017-05-03	*****		y the IRS discu			
	C			D-1-	— ) <del></del>		th the preparer :			
	Signature of officer or ti	ustee		Date	<b>▼</b> Title	(se	e ınstr )? 🗹 🕻	es ⊔ N	lo	
	Print/Type preparer's	name	Preparer's Sig	gnature	Date	PT	IN			
						Check if self-	P00183	3387		
	E RAY CHARLES CF	PA			2017-05-03	employed ▶ ☐	, 55255			
Paid				2017-03-0						
Prepare	THE THAT IS NOT THE	REN AVERET	T LLC			Fii	rm's EIN ▶45	-40844	 137	
Use Onl		U SULLT VER	HLEY DRIVE SI	LITE 1650						
	riiiii s audress ► 10	U SUUITIASE	ILEI DKINE 20	OTIE 1030		DL	one no (813	1 220 .	7774	
	TA	TAMPA, FL 33602						, 229-	43 <b>2</b> 1	

(a) Name and address Title, and average (c) Compensation (If (d) Expense account, Contributions to (e) other allowances hours per week not paid, enter (b) devoted to position -0-) employee benefit plans and deferred compensation THOMAS J SHANNON JR PRESIDENT/DIRECTOR 0 0 1 00

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

17635 TOBACCO ROAD LUTZ, FL 33558				
MARY KATHRYN SHANNON	VICE	0	0	0
17635 TOBACCO ROAD LUTZ, FL 33558	PRESIDENT/SECRETARY 1 00			

•				
MARY KATHRYN SHANNON	VICE	0	0	0
17635 TOBACCO ROAD LUTZ, FL 33558	PRESIDENT/SECRETARY 1 00			
APRIL SHANNON MCDONALD	DIRECTOR	0	0	0
17635 TOBACCO ROAD	1 00			

17635 TOBACCO ROAD LUTZ, FL 33558	1 00			
APRIL SHANNON MCDONALD	DIRECTOR	0	0	0
17635 TOBACCO ROAD LUTZ, FL 33558	1 00			
CRYSTAL S DEAL	DIRECTOR	0	0	0

APRIL SHANNON MCDONALD	DIRECTOR	0	0	0
17635 TOBACCO ROAD LUTZ, FL 33558	1 00			
CRYSTAL S DEAL	DIRECTOR	0	0	0
17635 TOBACCO ROAD	1 00			

LUTZ, FL 33558				
CRYSTAL S DEAL	DIRECTOR	0	0	0
17635 TOBACCO ROAD LUTZ, FL 33558	1 1 00			

CRYSTAL S DEAL	DIRECTOR	0	0	C
17635 TOBACCO ROAD LUTZ, FL 33558	1 00			

0

0

DIRECTOR

1 00

THOMAS JOSEPH SHANNON III

17635 TOBACCO ROAD LUTZ, FL 33558

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

THOMAS J SHANNON JR

MARY KATHRYN SHANNON

### 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 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 BIBLE BASED FELLOWSHIP CHURCH OF NONE 501(C)(3) SUPPORT ACTIVITIES AND 150 TEMPLE TERRACE MISSION OF THE BIBLE BASED 8718 N 46TH STREET FELLOWSHIP CHURCH, TEMPLE TAMPA, FL 33617 **TERRACE BOB SIERRA YMCA** NONE 501(C)(3) SUPPORT BOB SIERRA YMCA 2,000 4029 NORTHDALE BLVD COMMUNITY INVOLVMENT TAMPA, FL 33624 BOYS AND GIRLS CLUB OF AMERICA NONE MISSION TO ENABLE ALL YOUNG 14,000 501(C)(3) 5 HANOVER SQUARE PEOPLE ESPECIALLY THOSE IN NEW YORK, NY 10004 NEED TO REACH THEIR FULL **POTENTIAL** CHAIR SCHOLARS NONE 501(C)(3) POST SECONDARY EDUCATION 1,000 16101 CARENCIA LANE FOR DISADVANTAGED ODESSA, FL 33556 PHYSICALLY CHALLENGED **STUDENTS** CORBETT PREPARATORY SCHOOL OF NONE 501(C)(3) TO SUPPORT THE EDUCATIONAL 1,000 PROGRAMS OF INDEPENDENT IDS 12015 ORANGE GROVE DRIVE DAY SCHOOL - CORBETT TAMPA, FL 33618 CAMPUS **EDUCATE CHILDREN ACROSS** DEA EDUCATION FOUNDATION NONE 501(C)(3) 10,000 2020 PENNSYLVANIA AVENUE NW 1105 THE COUNTRY ON THE DANGERS WASHINGTON, DC 20006 OF DRUGS DEBRA OF AMERICA INC NONE PROVIDES FUNDS FOR THE 100 501(C)(3) 16 E 41ST STREET 3RD FLOOR CURE OF EPIDERMOLYSIS NEW YORK, NY 10017 BULLOSE (EB) DESIRE STREET MINSITRIES NONE 501(C)(3) REVITALIZE IMPOVERISHED 1,250 PO BOX 18057 **NEIGHBORHOODS INTO** ATLANTA, GA 30316 DESIRABLE PLACES TO LIVE DIOCESE OF ST PETERSBURG 2,000 NONE 501(C)(3) PROVIDES VARIOUS SERVICES PO BOX 40200 TO THE DIOCESE OF ST ST PETERSBURG, FL 337430200 **PETERSBURG** ECC OF HILLSBOROUGH COUNTY PROVIDES ASSISTANCE TO NONE 501(C)(3) 150 4210 W BAY VILLA AVENUE CHILDREN WITH SPECIAL TAMPA, FL 33611 NEEDS/HELP PARENTS ACCESS RESOURCES FLORIDA HOSPITAL FOUNDATION NONE 501(C)(3) PEPIN HEART AND DR KIRAN 5,000 3100 E FLETCHER AVE PATEL RESEARCH INSTITUTE TAMPA, FL 33612 CORONARY CARE UNIT FLORIDA HOSPITAL WEST REGION NONE 501(C)(3) PROVIDES SUPERIOR 1,000 14055 RIVEREDGE DRIVE STE 250 HEALTHCARE SERVICES TO THE TAMPA, FL 33637 TAMPA COMMUNITY FRIEDREICH'S ATAXIA RESEARCH NONE 501(C)(3) PROVIDES FUNDS TO FIND A 5,500 ALLIANCE (FARA) CURE FOR FRIEDREICH'S P O BOX 26454 ATAXIA, A NEURO-MUSCULAR TAMPA, FL 33623 DISEASE FRIENDS OF GOLF INC NONE WORKS TO INSURE ALL YOUNG 500 501(C)(3) 1880 CENTURY PARK EAST STE 1600 PEOOPLE WHO WANT TO PLAY LOS ANGELES, CA 90067 **GOLF BUT CANNOT AFFORD TO** CAN PLAY GENERAL FRANKS LEADERSHIP NONE 501(C)(3) LEADERSHIP INSTITUTE AND 3,000 MUSEUM MUSEUM PROMOTING

PATRIOTISM AND SERVICE TO

176,850

**FUTURE LEADERS** 

PO BOX 222 507 SO MAIN

HOBART, OK 73651

Total .

3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
GOLD SHIELD FOUNDATION PO BOX 271791 TAMPA, FL 33688	NONE	501(C)(3)	SUPPORTS FAMILIES OF FALLEN OFFICERS AND FIREFIGHTERS KILLED IN THE LINE OF DUTY	2,000
HL MOFFITT CANCER CENTER 12902 MAGNOLIA DRIVE TAMPA, FL 33612	NONE	501(C)(3)	PROVIDES FUNDS TO RESEARCH CANCER	10,500
HORATIO ALGER ASSOC OF DISTINGUISHED AMERICANS 99 CANAL CTR PLAZA 320 ALEXANDRIA, VA 22314	NONE	501(C)(3)	PROVIDE FUNDS TO WWII MUSEUM TO BUILD BRIDGE HONORING ALL HAA VETERANS	50,000
HORATIO ALGER ASSOCIATION OF DISTINGUISHED AMERICANS 99 CANAL CTR STE 320 ALEXANDRIA, VA 22314	NONE	501(C)(3)	GRANTS COLLEGE SCHOLARSHIPS TO UNDERPRIVILEGED AND CHALLENGED YOUNG ADULTS	40,000
JESUIT HIGH SCHOOL 4701 N HIMES AVE TAMPA, FL 33614	NONE	501(C)(3)	PROVIDED FINANCIAL AID TO STUDENTS/LATEST IN CLASSROOM TECHNOLOGY	1,000
JOSHUA HOUSE PO BOX2633 TAMPA, FL 33623	NONE	501(C)(3)	PROVIDES SHELTER FOR HARD TO PLACE FOSTER/ADOPTION YOUTH	250
LUTZ PREPARTORY 17951 US HWY 41 LUTZ, FL 33549	NONE	501(C)(3)	PROVIDES RESOURCES AND FACILITIES TO MAKE THE SCHOOL A SUCCESS	250
MARY LEE'S HOUSE 2806 N ARMENIA AVENUE TAMPA, FL 33607	NONE	501(C)(3)	PROVIDES LEGAL, MEDICAL, MENTAL HEALTH, SOCIAL SERVICES TO CHILDREN	5,000
PEBBLE BEACH COMPANY FOUNDATION PO BOX 1767 PEBBLE BEACH, CA 93953	NONE	501(C)(3)	GRANTS TO LOCAL ORGANIZATIONS DEDICATED TO PROMOTING LIFE EXPERIENCES TO YOUTH	1,200
PEPIN ACADEMIES SUPPORT SERVICES INC 3916 E HILLSBOROUGH AVE TAMPA, FL 33610	NONE	501(C)(3)	TUITION FREE SCHOOL FOR STUDENTS WITH LEARNING DISABILITIES AGES 5 THROUGH 22	1,000
PLAY FOR PINK WINGED FOOT GOLF CLUB MAMARONECK, NY 10543	NONE	501(C)(3)	PROVIDE FUNDS FOR BREAST CANCER RESEARCH	150
SALVATION ARMY 1603 N FLORIDA AVE TAMPA, FL 33602	NONE	501(C)(3)	PROVIDES TEMP SHELTER AND RESTORATIVE SERVICES FOR ADULT VICTIMS OF HUMAN TRAFFICKING	200
ST LAWRENCE CATHOLIC CHURCH 5225 N HIMES AVENUE TAMPA, FL 33614	NONE	501(C)(3)	DONATION TO BUILD BRONZE STATUE OF MONSIGNOR HIGGINS	10,000
ST SCHOLASTICA PRIORY 271 N MAIN STREET PETERSHAM, MA 01366	NONE	501(C)(3)	PROVIDES HOUSING AND UPKEEP OF NUNS AT THE PRIORY	2,000
STARTING RIGHT NOW 5328 PRIMROSE LAKE CIRCLE STE A TAMPA, FL 33647	NONE	501(C)(3)	MISSION TO END HOMELESSNESS FOR YOUTH THROUGH ONE-ON-ONE MENTORING	350

176,850

Total .

За

## 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 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 TAMPA BAY AREA CHIEFS OF POLICE NONE 501(C)(3) SUPPORTS LEADERSHIP AND 300 **FOUNDATION** FINANCIAL EDUCATIONAL 11250 N 56TH STREET ASSISTANCE FOR CRIMINAL JUSTICE FIELDS TEMPLE TERRACE, FL 33617 NONE ANNUAL "SEATS FOR SERVICE" 250 TAMPA BAY STORM 501(C)(3) **401 CHANNELSIDE DRIVE** WOUNDED BETS ASSOCIATION 50

TAMPA, FL 33602			SEATS FOR SPORTING EVENTS	
TAMPA GATOR CLUB 1 STEINBRENNER DRIVE TAMPA, FL 33614	NONE	501(C)(3)	PROVIDES \$25,000 IN SCHOLARSHIPS TO HILLSBOROUGH COUNTY FRESHMAN STUDENTS ATTENDING UF	250
THE GLORIA M SILVERIO FOUNDATION 6801 NW 77TH AVENUE SUITE 404	NONE	501(C)(3)	PROVIDES A SAFE HAVEN FOR NEWBORNS - GOAL TO	5,000

			ATTENDING UF	
THE GLORIA M SILVERIO FOUNDATION 6801 NW 77TH AVENUE SUITE 404 MIAMI, FL 33166	NONE	501(C)(3)	PROVIDES A SAFE HAVEN FOR NEWBORNS - GOAL TO ELIMINATE INFANT	5,000

			ATTENDING UF	<u>[</u>
THE GLORIA M SILVERIO FOUNDATION 6801 NW 77TH AVENUE SUITE 404 MIAMI, FL 33166	NONE	501(C)(3)	PROVIDES A SAFE HAVEN FOR NEWBORNS - GOAL TO ELIMINATE INFANT	5,

LUTZ, FL 33548

Total.

3a

THE GLORIA M SILVERIO FOUNDATION 6801 NW 77TH AVENUE SUITE 404 MIAMI, FL 33166	NONE	501(C)(3)	PROVIDES A SAFE HAVEN FOR NEWBORNS - GOAL TO ELIMINATE INFANT ABANDONMENT IN FLORIDA	5,000

MIAMI, FL 33166			ELIMINATE INFANT ABANDONMENT IN FLORIDA	
THE WOMENS CENTER 18560 N DALE MABRY HWY	NONE	501(C)(3)	REFUGE FOR WOMEN AND CHILDREN WHO ARE VICTIMS	500

OF ABUSE

176,850

es Schedule						
TY 2016 Accounting Fees Schedule						
Name: TOM AND	KATHY SHANNON	FAMILY				
FOUNDA	TION INC					
<b>EIN:</b> 20-8070461						
Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
	FOUNDA <b>EIN:</b> 20-8070	FOUNDATION INC  EIN: 20-8070461  Amount Net Investment	EIN: 20-8070461  Amount Net Investment Adjusted Net			

1,800

1,800

3,600

ACCOUNTING FEES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491128007907
TY 2016 Investments - Other	Schedule		
11 2010 livestiments Other	Schedule		
Name:	TOM AND KATHY	SHANNON FAMILY	
	FOUNDATION INC		

EIN			
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
SECURITIES	AT COST	2,999,389	2,915,232

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLI	N: 93491128007907
<b>TY 2016 Other Expenses Scho</b>	edule			
<del>-</del>				
Name	: TOM AND KATH	Y SHANNON FAM	ILY	
	FOUNDATION INC			
EIN	: 20-8070461			
Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LICENSE	61	0		31
INVESTMENT MANAGEMENT FEES	3,062	3,062	I	0
MISCELLANEOUS	1,459	0		88

efile GRAPHIC print - DO NOT	PROCESS	As Filed Data	-	DLI	N: 93491128007907
TY 2016 Taxes Schedule					
	Name:		ATHY SHANNON FA	AMILY	
		FOUNDATIO	N INC		
	EIN:	20-8070461			
Category	An	nount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAXES		907	0		0

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491128007907						
Schedule B	Schedule of Contributor	rs	OMB No 1545-0047			
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-F Information about Schedule B (Form 990, 990-EZ, or 990-PF <u>www.irs.gov/form990</u>		2016			
Name of the organizat TOM AND KATHY SHANN		Employer id	dentification number			
FOUNDATION INC		20-8070461				
Organization type (ch	ck one)					
Filers of:	Section:					
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization	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					
	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 property) from any one contributor. Complete Parts I and II. Se					
Special Rules						
under sections : received from a	ion described in section 501(c)(3) filing Form 990 or 990-EZ tha 09(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 9 by one contributor, during the year, total contributions of the greater th, or (ii) Form 990-EZ, line 1 Complete Parts I and II	990 or 990-EZ), Part 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 no	ion described in section 501(c)(7), (8), or (10) filing Form 990 or contributions <i>exclusively</i> for religious, charitable, etc., purposes cked, enter here the total contributions that were received during complete any of the parts unless the <b>General Rule</b> applies to the ble, etc., contributions totaling \$5,000 or more during the year.	, but no such contributions tota g the year for an exclusively re his organization because it red	aled more than \$1,000 eligious, charitable, etc.,			
990-EZ, or 990-PF), bu	in that is not covered by the General Rule and/or the Special Ru it <b>must</b> answer "No" on Part IV, line 2, of its Form 990, or checl orm 990PF, Part I, line 2, to certify that it does not meet the filin	k the box on line H of its				
For Paperwork Reduction for Form 990, 990-EZ, or 9	Act Notice, see the Instructions Cat No 30613X 0-PF	Schedule B (Form 990	), 990-EZ, or 990-PF) (2016)			

Name of organi OM AND KATHY OUNDATION INC	SHANNON FAMILY	Employer identification 20-8070461	number
Part I	Contributors (see instructions) Use duplicate copies of Part I if ad	Iditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TOM AND KATHY SHANNON  17635 TOBACCO ROAD	\$ 95,450	Person  Payroll  Noncash
	LUTZ, FL33558		(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	contributions ) (d) Type of contribution
-		\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions)
	·	Sahadula B /F	<u> </u>

Schedule B (Form 99	0, 990-EZ, or 990-PF) (2016)		Page <b>3</b>		
Name of organization TOM AND KATHY SHAN		Employer ident	Employer identification number		
FOUNDATION INC		20-80	)70461		
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	990, 990-EZ, or 990-PF) (2016)		

Schedule B (Form 9	990, 990-EZ, or 990-PF) (2016)		Page <b>4</b>
Name of organizat TOM AND KATHY SH FOUNDATION INC			Employer identification number 20-8070461
than \$1, organiza the year	000 for the year from any one contributor	r. Complete columns (a) thro of exclusively religious, chari ctions.) ▶ \$	d in section 501(c)(7), (8), or (10) that total more ugh <b>(e) and</b> the following line entry. For table, etc., contributions of <b>\$1,000 or less</b> 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	t Relationship of transferor to transferee
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
No.IIOIII Part I			
	Transferee's name, address, and	(e) Transfer of gift	t Relationship 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	t Relationship 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	t Relationship of transferor to transferee
			Schedule B (Form 990, 990-EZ, or 990-PF) (2016)