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EXTENDED TO NOVEMBER 15, 2017 Return of Private Foundation

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

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

OMB No 1545-0052

| For | calendar year 2016 or tax year beginning | | , and ending | | |
|---------------------------------|--|------------------------------------|------------------------------|--|---|
| | me of foundation ROBERT L OARE, JR CHARITAI | ST.E ECIMIDATIO | NT | A Employer identificatio | n number |
| | VELLS FARGO BANK, N.A. IF | | | 35-6724790 |) |
| Nun | mber and street (or P O box number if mail is not delivered to stree | et address) | Room/suite | B Telephone number | |
| 1 | 525 WEST WT HARRIS BLVD. | MAC D1114-04 | 4 | 704-590-28 | 328 |
| | y or town, state or province, country, and ZIP or foreign | postal code | | C If exemption application is | pending, check here |
| | Check all that apply: Initial return | Initial return of a fo | rmer public charity | D 1. Foreign organization | is, check here |
| | Final return | Amended return | | | |
| _ | X Address change | X Name change | | Foreign organizations m check here and attach c | eeting the 85% test, omputation |
| H_C | Check type of organization: X Section 501(c)(3) ϵ | | | E If private foundation sta | atus was terminated |
| <u></u> | Section 4947(a)(1) nonexempt charitable trust | Other taxable private founda | | under section 507(b)(1 |)(A), check here $ ightharpoonup$ |
| | · | ting method: X Cash | Accrual | F If the foundation is in a | _ |
| | | Other (specify) | | under section 507(b)(1 |)(B), check here |
| | \$ 1,680,058. (Part I, coll | | | <u> </u> | [(d) a |
| Pa | Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (0) Disbursements for charitable purposes (cash basis only) |
| | 1 Contributions, gifts, grants, etc., received | | | N/A | |
| | 2 Check X If the foundation is not required to attach Sch B | | | | |
| | 3 Interest on savings and temporary cash investments | | | | |
| | 4 Dividends and interest from securities | 31,734. | 31,734 | • | STATEMENT 1 |
| | 5a Gross rents | | | | |
| | Net rental income or (loss) | | | | |
| ē | 68 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all | -24,165. | ····· | | <u> </u> |
| Revenue | b Gross sales price for all 468,586. | ļ | | - F BEA | tiven] |
| ě | 7 Capital gain net income (from Part IV, line 2) | | 0 | · NEW | FIAED |
| _ | 8 Net short-term capital gain | | | | 0 10 2000 7 0 |
| | 9 Income modifications Gross sales less returns | | | I ISI SEP (| 1 5 2017 |
| | 10a and allowances | | | OGD | <u> </u> |
| | b Less Cost of goods sold c Gross profit or (loss) | | | - UGD | TIV. UI |
| | 11 Other income | | | | |
| | 12 Total. Add lines 1 through 11 | 7,569. | 31,734 | • | |
| | 13 Compensation of officers, directors, trustees, etc | 15,987. | 6,402 | | 9,585 |
| | 14 Other employee salaries and wages | | | | 1 |
| | 15 Pension plans, employee benefits | | | | |
| Ses | 16a Legal fees | | | | |
| penses | b Accounting fees STMT 2 | 650. | 0 | • | 650 |
| Ä | c Other professional fees | | | | |
| Operating and Administrative Ex | 17 Interest | | | | |
| trat | 18 Taxes STMT 3 | 1,246. | 0 | • | 1,246 |
| nis | 19 Depreciation and depletion | | | <u> </u> | <u> </u> |
| 튵 | 20 Occupancy | | | | |
| ΨÞ | 21 Travel, conferences, and meetings | | | | |
| ä | 22 Printing and publications | | <u> </u> | | |
| ing | P 23 Other expenses | | | | |
| rat | 24 Total operating and administrative | 17 002 | 6 402 | | 11 401 |
| ğ | expenses. Add lines 13 through 23 | 17,883. 95,500. | 6,402 | + | 11,481 95,500 |
| - | 25 Contributions, girts, grants paid | 35,500. | | | 35,500 |
| | 26 Total expenses and disbursements. Add lines 24 and 25 | 113,383. | 6,402 | | 106,981 |
| | | 113,303. | 0,402 | \ | 100,901 |
| | | -105,814. | | | |
| | a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) | 103,014. | 25,332 | | |
| | C Adjusted net income (if negative, enter -0-) | | 45,334 | N/A | + |
| | 501 11-23-16 LHA For Paperwork Reduction Act Noti | co coo instructions | L | Call | Form 990-PF (201 |

| 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 | | |
|---|---|------------|
| (must agree with end-of-year figure reported on prior year's return) | 1 | 1,741,295. |
| 2 Enter amount from Part I, line 27a | 2 | -105,814. |
| 3 Other increases not included in line 2 (itemize) ► UNREALIZED GAIN | 3 | 2,123. |
| 4 Add lines 1, 2, and 3 | 4 | 1,637,604. |
| 5 Decreases not included in line 2 (itemize) | 5 | 0. |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 | 6 | 1,637,604. |

| (a) List and desc 2-story brick wa | } | P - Purchase D - Donation | | acquired day, yr.) | (mo., day, yr.) | | |
|--|---|--|--------------------------------------|-------------------------|-----------------|--|---|
| | SEE ATTACHED | <u> </u> | | P | VARI | OUS | 12/31/16 |
| | SEE ATTACHED | | | P | VARI | | 12/31/16 |
| c CAPITAL GAINS | | | | | | | |
| d | <u> </u> | - | | | 1 | | |
| e | | | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | | st or other basis expense of sale | | | (h) Gain or (loss) p plus (f) minus (g) -10,044. -18,083. 3,962. Ins (Col. (h) gain minus but not less than -0-) or sees (from col. (h)) -10,044. | |
| a 60,948. | | | 70,992 | 2. | | | -10,044. |
| b 403,676. | | | 421,759 | 9. | | | -18,083. |
| 3,962. | | | | | | - | 3,962. |
| d e | | | | | | | |
| | ng gain in column (h) and owned by | y the foundation | on 12/31/69 | | (1) Gains (0 | Col. (h) gaın | ı mınus |
| (i) F.M.V. as of 12/31/69 | | cess of col. (ı) col. (ֈ), ıf any | | col. (k), but Losses | from col. | (h)) | |
| a | | | | | | | |
| b | | | | | | | -18,083. |
| С | | | | | | | 3,962. |
| d | | | | | | | |
| е | | | | | | | |
| 2 Capital gain net income or (net ca | apital loss) { If gain, also enti- | er in Part I, line 0- in Part I, line | 7 7 | } | | | -24,165. |
| 3 Net short-term capital gain or (los | • | | | | | | |
| If gain, also enter in Part I, line 8, | , | (0). | | λl | | | |
| If (loss), enter -0- in Part I, line 8 | | | |] 3 | | N/A | <u> </u> |
| Part V Qualification U | Inder Section 4940(e) fo | r Reduced | Tax on Net I | nvestment | Income | | |
| (For optional use by domestic private | e foundations subject to the section | 4940(а) tах ол | net investment inci | ome.) | | | |
| If section 4940(d)(2) applies, leave t | his part blank. | | | | | | |
| Was the foundation liable for the sec | tion 4942 tax on the distributable a | mount of any ye | ear in the base perio | od? | | | Yes X No |
| If "Yes," the foundation does not qua | | | | | | | |
| 1 Enter the appropriate amount in | each column for each year; see the | instructions be | fore making any ent | tries. | | | |
| (a) Base period years Calendar year (or tax year beginni | ng in) Adjusted qualifying d | stributions | Net value of none | | | Distri (col. (b) di | (d) bution ratio vided by col. (c)) |
| 2015 | | 85,821. | | 1,770,0 | | | .048485 |
| 2014 | | 79,908. | | 1,829,8 | | | .043670 |
| 2013 | | 44,755. | | 1,597,7 | | | .028011 |
| 2012 | | 21,223. | | 650,1 | 47. | | .032643 |
| 2011 | | 16,654. | | 373,6 | 76. | | .044568 |
| 2 Total of line 1, column (d) | | | | | 2 | | .197377 |
| 3 Average distribution ratio for the the foundation has been in existe | · | l on line 2 by 5, | or by the number o | f years | 3 | | .039475 |
| | , | i lina E | | | | | 1,619,034. |
| 4 Enter the net value of noncharital | JICTUSE ASSELS FOR ZUITO TROM MART X | ., iiiie 3 | | | 4_ | | |
| 5 Multiply line 4 by line 3 | | | | | 5 | | 63,911. |
| 6 Enter 1% of net investment incor | ne (1% of Part I, line 27b) | | | | _ 6 | | 253. |
| 7 Add lines 5 and 6 | | | | | 7 | ļ | 64,164. |
| 8 Enter qualifying distributions from | n Part XII, line 4 | | | | 8 | <u> </u> | 106,981. |
| If line 8 is equal to or greater that See the Part VI instructions. | n line 7, check the box in Part VI, lin | ie 1b, and comp | olete that part using | a 1% tax rate. | | | |
| 623521 11-23-16 | | | | | | | Form 990-PF (2016 |

623521 11-23-16

| ROBERT L OARE, JR CHARITABLE FOUNDATION | | | | | |
|--|---|----------------|----------------|---------------|------------|
| Form 990-PF (2016) WELLS FARGO BANK, N.A. IFS FIDUCIARY TAX | | 67247 | | | age 4 |
| Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4 | 948 | - see ins | truc | ction | is) |
| 1a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. | 1 | 1 | | | |
| Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) | | | | | |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🗶 and enter 1% | 1_ | | | 2: | 53. |
| of Part I, line 27b | | | | | |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). | _ | | | | 0 |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 2 | | | 21 | 53. |
| 3 Add lines 1 and 2 | 3 | | | | 0. |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 5 | | | 21 | 53. |
| 5-Tax-based-on-investment-incomeSubtract-line.4-from_line.3lf.zero_or_less,_enter0- | <u> </u> | | | === | === |
| 6 Credits/Payments: a 2016 estimated tax payments and 2015 overpayment credited to 2016 795. | [| | | | |
| | ł | 1 | | | |
| b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) 6c | } | j | | | |
| d Backup withholding erroneously withheld | | | | | |
| 7 Total credits and payments. Add lines 6a through 6d | 7 | ļ | | 7 | 95. |
| 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached | <u></u> - - - - - - - - - - - - - | | | | |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | - | | | |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | | | 5 | 42. |
| 11 Enter the amount of line 10 to be: Credited to 2017 estimated tax > 542. Refunded > | 11 | | | | 0. |
| Part VII-A Statements Regarding Activities | | ' | | | |
| 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene | ın | | 1 | Yes | No |
| any political campaign? | | | 1a | | X |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition |)? | | 1b | | X |
| If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publis | | . [| \neg | | |
| distributed by the foundation in connection with the activities | | } | | 1 | |
| c Did the foundation file Form 1120-POL for this year? | | j | 1c | | X |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | | | | |
| (1) On the foundation. ▶ \$ 0 • (2) On foundation managers. ▶ \$0 • | _ | | | l | |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | | | ļ | | |
| managers. ► \$0. | | | | ! | |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? | | <u> </u> _ | 2 | | <u>X</u> _ |
| If "Yes," attach a detailed description of the activities | | 1 | - 1 | 1 | |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, | or | | | | |
| bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | ├ | 3 | | <u>X</u> |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | | 4a | | X |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | L | · — | 4b | | X |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | <u> </u> | 5 | \dashv | |
| If "Yes," attach the statement required by General Instruction T | | | | ı | |
| Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | 1 | - 1 | - [| |
| By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the stat | a lavu | |] | | |
| | ; iavv | | 6 | x | ı |
| remain in the governing instrument? 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XI | , | | 7 † | $\frac{x}{x}$ | |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XI | ' | <u> </u> | ' + | | |
| 8a Enter the states to which the foundation reports or with which it is registered (see instructions) | | ŀ | | | |
| IN | | | - 1 | | |
| b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) | | | | } | ı |
| of each state as required by General Instruction G? If "No," attach explanation | | 1 : | вь | x | ı |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for call | endar | F | | | |
| year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV | | } | 9 | 1 | X |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | | r | 10 | | X |
| the state of the s | | Corm | 000 | DE | (2016) |

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Form 4720, to determine if the foundation had excess business holdings in 2016)

had not been removed from jeopardy before the first day of the tax year beginning in 2016?

b If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form **990-PF** (2016)

X

Х

3b

4a

Yes X No

N/A

during the year?

Total number of other employees paid over \$50,000

ROBERT L OARE, JR CHARITABLE FOUNDATION

Form 990-PF (2016) WELLS FARGO BANK, N.A. IFS FIDUCIARY TAX 35-6724790 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) 3 Five highest-paid independent contractors for professional services. If none, enter "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 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 Expenses number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. N/A Part IX-B | Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount All other program-related investments. See instructions.

Form **990-PF** (2016)

Total. Add lines 1 through 3

Page 8

| P | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations | ndations, | , see instructions) |
|-------------|---|--------------|---|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| a | Average monthly fair market value of securities | 1a | 1,606,280. |
| | Average of monthly cash balances | 1b | 1,606,280. |
| C | Fair market value of all other assets | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 1,643,689. |
| e | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) 1e 0 • | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| -3 - | Subtract*line*2*from*line*1d | _3 | 1,643,689. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 24,655. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 1,619,034. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 80,952. |
| P | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.) | id certain | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 80,952. |
| 2a | Tax on investment income for 2016 from Part VI, line 5 253. | | |
| b | Income tax for 2016. (This does not include the tax from Part VI.) | | |
| С | Add lines 2a and 2b | 2c | 253. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 80,699. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 80,699. |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0. |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 80,699. |
| P | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes. | <u>1</u> | |
| ١, | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 106,981. |
| | Program-related investments - total from Part IX-B | 1b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| a | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 106,981. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | | , |
| • | income. Enter 1% of Part I, line 27b | 5 | 253. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 106,728. |
| • | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (4940(e) reduction of tax in those years. | qualifies fo | |

Form **990-PF** (2016)

Part XIII Undistributed Income (see instructions)

| | (a) | (b) | (c) | (d) |
|--|--------|---------------------------------------|---|---------------------------|
| 4 8 | Corpus | Years prior to 2015 | 2015 | 2016 |
| 1 Distributable amount for 2016 from Part XI, | | | | |
| line 7 | | | | 80,699. |
| 2 Undistributed income, if any, as of the end of 2016 | | | 46,078. | |
| a Enter amount for 2015 only b Total for prior years: | | | 40,070. | |
| b rotation prior years. | | 0. | | |
| | | · · · · · · · · · · · · · · · · · · · | | |
| a From 2011 | | | | |
| b From 2012 | | | | |
| c From 2013 | | | | |
| d From 2014 | | | | |
| e From 2015 | | | | |
| f Total of lines 3a through e | 0. | | | |
| 4 Qualifying distributions for 2016 from | | | | |
| Part XII, line 4: ►\$ 106, 981. | | | | |
| a Applied to 2015, but not more than line 2a | | | 46,078. | |
| b Applied to undistributed income of prior | | | | - |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | | | | |
| (Election required - see instructions) | 0. | | | |
| d Applied to 2016 distributable amount | | | | 60,903. |
| e Remaining amount distributed out of corpus | 0. | | | |
| 5 Excess distributions carryover applied to 2016 | 0. | | | 0. |
| (If an amount appears in column (d), the same amount must be shown in column (a)) | | | | |
| 6 Enter the net total of each column as indicated below; | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 0. | | | |
| b Prior years' undistributed income. Subtract | | | | |
| line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' | | | | |
| undistributed income for which a notice of deficiency has been issued, or on which | | | | |
| the section 4942(a) tax has been previously | | | | |
| assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable | | | | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2015. Subtract line | | | _ | |
| 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2016. Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | 40 506 |
| be distributed in 2017 | | | | 19,796. |
| 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) | 0. | | | |
| 8 Excess distributions carryover from 2011 | 0 | | i i | |
| not applied on line 5 or line 7 | 0. | _ | | |
| 9 Excess distributions carryover to 2017. | ا ہ | | | |
| Subtract lines 7 and 8 from line 6a | 0. | | · · · · · · · - · - · - · - · - · - · · - · · - · | · |
| 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 | | | | Form 990-DF (2016) |

| | L OARE, JR | | FOUNDATION DUCIARY TAX | 35-672 | 4790 Page 10 |
|---|--------------------------|----------------------------|------------------------------|----------------------------|--------------|
| Part XIV Private Operating F | | | | N/A | 4750go |
| 1 a If the foundation has received a ruling of | | | 71, 4000110110) | | |
| foundation, and the ruling is effective to | | | | | |
| b Check box to indicate whether the found | • | • | n section 4 | 942(j)(3) or 4942 | ?(j)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year | ig loandation described t | Prior 3 years | 0 12(1)(0) 01 2 10 11 | -(1)(0) |
| income from Part I or the minimum | (a) 2016 | (b) 2015 | (c) 2014 | (d) 2013 | |
| investment return from Part X for | | - | | | |
| each year listed | | | | | |
| b 85% of line 2a | } | - | | | |
| c Qualifying distributions from Part XII, | | <u> </u> | | | |
| line 4 for each year listed | | | | | |
| d Amounts included in line 2c not | | | | | |
| | | | | | |
| used directly for active conduct of | j | | j | | |
| exempt activities | <u> </u> | | | | |
| e Qualifying distributions made directly | | | | | |
| for active conduct of exempt activities. | į | | 1 | | |
| Subtract line 2d from line 2c 3 Complete 3a, b, or c for the | | | | | |
| alternative test refled upon: | | | | | |
| a "Assets" alternative test - enter: | | | 1 | | |
| (1) Value of all assets | <u> </u> | | | | . |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | ļ | 1 |] | | |
| b "Endowment" alternative test - enter | | | | | |
| 2/3 of minimum investment return shown in Part X, line 6 for each year listed | | | | | |
| c "Support" alternative test - enter: | | | | | |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | | | | | |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) | | | | | |
| (3) Largest amount of support from | | | <u> </u> | | |
| an exempt organization | | | | | |
| (4) Gross investment income | | | 1 | | |
| Part XV Supplementary Info | | | if the foundation | had \$5,000 or mor | e in assets |
| 1 Information Regarding Foundation | on Managers: | | | | |
| a List any managers of the foundation why year (but only if they have contributed in the second | o have contributed more | | ributions received by the fo | oundation before the close | of any tax |
| NONE | | | | | |
| b List any managers of the foundation who other entity) of which the foundation has | | | (or an equally large portion | of the ownership of a part | nership or |
| NONE | | | | | |
| 2 Information Regarding Contribut Check here ► X if the foundation of the foundation makes gifts, grants, etc. | only makes contributions | to preselected charitable | organizations and does no | | |
| a The name, address, and telephone num N/A N/A | ber or e-mail address of | he person to whom appli | cations should be address | ed. | |
| b The form in which applications should | be submitted and informa | tion and materials they sl | hould include: | | |
| N/A c Any submission deadlines; | *** | | | | |
| N/A | | | | | |

N/A

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager _Name_and_address (home or business) recipient or substantial contributor a Paid during the year GENERAL SUPPORT -CHFLDREN-S-BURN-CAMP_OF_NORTH_FLORIDA 13077 WEST HIGHWAY 19 8,000. BRYSON CITY, NC 28713 CHILDREN'S HOME SOCIETY OF FLORIDA ÞС GENERAL SUPPORT 1485 SOUTH SEMORAN BLVD SUITE 1448 8,000. WINTER PARK, FL 32792 LIFEHOUSE INC. ₽C GENERAL SUPPORT 2710 RIEDLING DRIVE 10,000. LOUISVILLE, KY 40206 MIRIAM'S HOUSE - THE PROMISES GENERAL SUPPORT FOUNDATION 4419 INGLEWOOD BLVD 5,000. LOS ANGELES, CA 90066 GENERAL SUPPORT SAFE HAVEN OUTREACH HELP CENTER INC ₽C 1221 S 36TH ST. 6,500. LOUISVILLE, KY 40211 SEE CONTINUATION SHEET(S) 95,500. ▶ 3a Total b Approved for future payment NONE Total Form **990-PF** (2016)

| | Unrelate | ed business income | | ded by section 512, 513, or 514 | (e) |
|---|--|--|--|---------------------------------|-------------------|
| | (a) Business | (b) | (c) Exclu- | (d) | Related or exempt |
| Program service revenue: | code | Amount | code | Amount | function income |
| a | | | | | |
| b | | | | | |
| C | | | | | |
| d | | | | | |
| · | | | t | | |
| | | | 1 | | |
| g Fees and contracts from government agencies | _ | | 1 | | |
| Membership dues and assessments | | · | † – – | | |
| Interest on savings and temporary cash | | | | | |
| investments | } | | | | |
| Dividends and interest from securities | | | 14 | 31,734. | |
| Net rental income or (loss) from real estate: | | <u></u> | + | | |
| a Debt-financed property | | <u> </u> | - | | |
| b Not debt-financed property | | | } | | |
| Net rental income or (loss) from personal | | | + | | |
| property | 1 | | } , | | |
| Other investment income | | | + | | |
| Gain or (loss) from sales of assets other | | | | | |
| than inventory |] | | 18 | -24,165. | |
| Net income or (loss) from special events | | | + -0 | 24,103, | |
| Gross profit or (loss) from sales of inventory | | | 1 | | |
| Other revenue: | | | ┼ | | |
| | 1 | | 1 | | |
| a | | <u> </u> | | | |
| · | - | | | L | |
| | - | | + | | |
| d | - } | <u> </u> | + | | |
| e | _ | 0 | + | 7,569. | |
| Subtotal Add columns (b) (d) and (a) | 1 | | • | | 7 5 |
| | L | 0 | | 12 | / วก |
| Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 7,56 |
| Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations | | | | | 7,56 |
| Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations | | | xemp | | 7,56 |
| Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie | s to the Acc | omplishment of E | | t Purposes | |
| Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie line No. Explain below how each activity for which in | s to the Acc | omplishment of E | | t Purposes | |
| Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie ine No. Explain below how each activity for which in | s to the Acc | omplishment of E | | t Purposes | |
| Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie line No. Explain below how each activity for which in | s to the Acc | omplishment of E | | t Purposes | |
| Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie line No. Explain below how each activity for which in | s to the Acc | omplishment of E | | t Purposes | |
| Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie line No. Explain below how each activity for which in | s to the Acc | omplishment of E | | t Purposes | |
| Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie line No. Explain below how each activity for which in | s to the Acc | omplishment of E | | t Purposes | |
| Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie line No. Explain below how each activity for which in | s to the Acc | omplishment of E | | t Purposes | |
| Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie line No. Explain below how each activity for which in | s to the Acc | omplishment of E | | t Purposes | |
| Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie line No. Explain below how each activity for which in | s to the Acc | omplishment of E | | t Purposes | |
| Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie sine No. Explain below how each activity for which is | s to the Acc | omplishment of E | | t Purposes | |
| Total. Add line 12, columns (b), (d), and (e) we worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie The No. Explain below how each activity for which is | s to the Acc | omplishment of E | | t Purposes | |
| Total. Add line 12, columns (b), (d), and (e) we worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie The No. Explain below how each activity for which is | s to the Acc | omplishment of E | | t Purposes | |
| Total. Add line 12, columns (b), (d), and (e) we worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie The No. Explain below how each activity for which is | s to the Acc | omplishment of E | | t Purposes | |
| Total. Add line 12, columns (b), (d), and (e) we worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie The No. Explain below how each activity for which is | s to the Acc | omplishment of E | | t Purposes | |
| Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie The No. Explain below how each activity for which is | s to the Acc | omplishment of E | | t Purposes | |
| Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie line No. Explain below how each activity for which in | s to the Acc | omplishment of E | | t Purposes | |
| Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie line No. Explain below how each activity for which in | s to the Acc | omplishment of E | | t Purposes | |
| Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie line No. Explain below how each activity for which in | s to the Acc | omplishment of E | | t Purposes | |
| Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie line No. Explain below how each activity for which in | s to the Acc | omplishment of E | | t Purposes | |
| Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie line No. Explain below how each activity for which in | s to the Acc | omplishment of E | | t Purposes | |

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

| 1 Did the organization detectly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(d) organization or in section 501(d) organization organizations? 1 Translets from the reporting foundation to a noncharidable exempt organization of: (1) Cash (2) Other instanctions. (3) Sales of assets to a noncharidable exempt organization. (4) Shells of assets to a noncharidable exempt organization. (3) Shells of assets to a noncharidable exempt organization. (4) Performance of services or membership or fundation to the confidence of the conf | | | Exempt Organ | izations | | | | | | | | |
|--|-----|-----------|--------------------------------------|------------------------|-----------------------|---------------------------|---------------------------------------|--------------------------------------|--------------------------------|----------------|----------|-------------|
| Transfers from this reporting foundation to a noncharidable exempt organization of: (1) Cash (2) Other assess 1a(2) X (2) Other standardons 1b(1) X (2) Princhases or assets from-anoncharidable exempt organization 1b(1) X (2) Princhases or assets from-anoncharidable exempt organization 1b(2) X (3) Rehald of facilities, equipment, or other assets 1b(2) X (4) Reminduratement arrangements 1b(2) X (5) Loss or for an updrameters 1b(3) X (6) Loss or for an updrameters 1b(4) X (6) Loss or for an updrameters 1b(5) X (6) If the answer for any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services received. (6) Amount involved (6) Amount involved (6) Name of noncharidable exempt organization (4) Description of transfers, sand-drawing arrangement, shown in column (d) the value of the goods, other assets, or services received. (a) Name of location standardon in received less than fair market value in any transaction or sharing arrangement, shown in column (d) the value of the goods, other assets, or services received. (a) Name of location standardon received less than fair market value in any transaction or sharing arrangement, shown in column (d) the value of the goods, other assets, or services received in section 501(c) of the Codes (other than section 501(c)(3) or in section 502(2) | 1 | Did the o | rganization directly or indir | ectly engage in any | y of the followin | g with any o | other organization | n described in sec | tion 501(c) of | | Yes | No |
| (2) Other assets (2) Other assets (3) State of assets to a noncharidable exempt organization (1) State of assets to a noncharidable exempt organization (3) Period of Cachines, equipment, or other assets (4) Remitted cachines, equipment, or other assets (5) Loans or loan guarantees (5) Loans or loan guarantees (6) Performance of services or membership or fundiasing solicitations (7) State of assets from a maining lists, other assets, or paid employees (8) State of assets to a noncharidable exempt organization (by though a state of the poods, other assets, or services given by the reporting foundation if the foundation received less than fair market value in any transaction or sharing arrangement, show in column (b) hardward in the goods, other assets, or services received. (4) It is a state of the value of the goods, other assets, or services received. (4) It is a state of the value of the goods, other assets, or services received. (4) It is a state of the value of the goods, other assets, or services received. (5) Loans or load of the value of the goods, other assets, or services received. (6) Name of Organization (c) NAme of concharitable exempt organization (d) Describtor of transfers, beneatchors, and sharing arrangements. N/A (9) Type of organization (c) Describtor of transfers, beneatchors, and sharing arrangements. N/A (9) Type of organization (c) Describtor of relationship. N/A (9) Type of organization (c) Describtor of relationship. N/A (9) Type of organization (c) Describtor of relationship. N/A (1) Type of organization (c) Describtor of relationship. N/A (1) Type of organization (c) Describtor of relationship. N/A (1) Type of organization of organization of relationship. N/A (1) Type of organization of organization of relationship. N/A (2) Type of organization of organization of relationship. N/A (3) Type of organization of organization of organization of organization of organization of organization of organization. (b) Type of organization organization organizatio | | the Code | (other than section 501(c) | (3) organizations) | or in section 52 | 7, relating t | o political organ | izations? | | İ | | |
| (9) Other assets 10 Other transactions, (1) Sakes of assets to a noncharitable exempt organization (2) Prichasper of assets from a noncharitable exempt organization (3) Related decise, equipment, or other assets (4) Reimbursement arrangements (5) Loans or foran quarantees (5) Votans or forang quarantees (6) Performance of services or membership or fundasing solicitations (6) Performance of services or membership or fundasing solicitations (6) Performance of services or membership or fundasing solicitations (6) It was not any of the above as "ves," complete the following schedule. Column (9) should always show the fair market value of the goods, other assets, or services greened. 2a Is the foundation oriently or indirectly affielded with, or related to, one or more tax-exempt organization or sharing arrangement, show in column (9) the value of the goods, other assets, or services received. (8) I was no (9) Amount involved (1) Name of noncharitable exempt organization (4) Description of relationship (9) Amount involved (1) Name of noncharitable exempt organization (4) Description of relationship (9) Amount involved (1) Name of noncharitable exempt organization (4) Description of relationship (1) Name of organization (9) Type of organization (9) Description of relationship (1) Name of organization (9) Type of organization (1) Description of relationship (1) Type of organization (1) Description of relationship (2) Price PRESS TRUST OFFICE Name or the property of the prope | a | Transfers | s from the reporting founda | ation to a noncharit | table exempt org | ganization-o | f; | | | | | |
| Dither transactions. (1) Sales of a seels to a noncharbable exempt organization (2) Perchared or seels from a noncharbable exempt organization (3) Rental of facilities, grupoment, or other assets (4) Renthus present arrangements (5) Loans or loan quarantees (6) Performance of services or membership or fundasing solicitations (5) Loans or loan quarantees (6) Performance of services or membership or fundasing solicitations (6) Performance of services or membership or fundasing solicitations (7) It the answer to any of the above is "Vest," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services occurred. (8) It the answer to any of the above is "Vest," complete the following schedule. Column (b) the value of the goods, other assets, or services occurred. (9) Amount involved (c) Name of noncharitable exempt organization (d) becomes of someties, varianceions, and sharing arrangements. Show in section 501(c) of the Code (other than section 501(c)) of the C | | (1) Casl | า | | | | | | | 1a(1) | | |
| (2) "Purchaseror bases from a nonchardable exempt organization | | (2) Othe | er assets | | | | | | | 1a(2) | | X |
| (2) "Purchases or assets from a noncharitable exempt or ganization | b | Other tra | nsactions. | | | | | | | Ţ | | |
| (3) Rental of Jacobies, equipment, or other assets (4) Rembursement arrangements (5) Loans or loan parameters (6) Performance of services or membership or fundratising solicitations (7) Loans or loan parameters (8) Performance of services or membership or fundrating solicitations (8) Performance of services or membership or fundrating solicitations (8) Performance of services or membership or fundrating solicitations (8) It may be assets, or paid employees (8) Performance of services or membership or fundrating solicitations (9) It measures to any of the above is "Yes," complete the following schedule. Column (b) should always show the far market value of the goods, other assets, or services greenweld. (9) Rental of the goods, other assets, or services received. (13) It was no (13) Amount involved (13) Rental of the goods, other assets, or services received. (14) Rental of the goods, other assets, or services received. (15) It was no (16) Amount involved (17) Rental of noncharitable exempt organizations described in section 501(p) of the Code (other than section 501(p)(3)) or in section 527? (14) It was no (17) Amount involved (17) Rental of the goods, other assets, or services received. (14) Rental of trigging and section 501(p) of the Code (other than section 501(p)(3)) or in section 527? (15) If was no (17) Amount involved (17) Rental of the goods, and organization of the goods, and organization of the goods, and organization of the goods of th | | (1) Sale | s of assets to a noncharital | ble exempt organiz | ation | | | | | 16(1) | | X |
| (4) Rembursement arrangements (5) Loans or loan quarantees (6) Performance of services or membership or fundraising solicitations (7) Loans or loan quarantees (8) Performance of services or membership or fundraising solicitations (8) Loans or loan quarantees (8) Performance of services or membership or fundraising solicitations (8) Loans or loan quarantees (8) Loans or loan quarantees (9) Loans or loan quarantees (10) X (10) | | =(2)=Puro | chases=of=assets=from=a=noi | ncharitable-exempt | organization | | | | | 1b(2) | | X |
| (4) Rembursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (6) Performance of services or membership or fundraising solicitations (7) Sharing of facilities, equipment, making lists, other assets, or paid employees (8) If the answer to any of the above is "Vest," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services gowen by the reporting foundation if the foundation received lass than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services (seewed. (a) Is the soundation directly or indirectly affiliated with, or related to, one or more tax-exempt organization (d) Description of transfers, transactions, and shuring arrangements. N/A 12 a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations dissorbed in section 501(c) of the Code (other than section 501(c)(3)) or in section 52?? Vest X No | | | | · · | | | | | | 15(3) | | -X - |
| (5) Loans or loan quarantees (6) Performance of services or membership or fundrassing solicitations (7) End of the answer to any of the above is Yes, 'complete the following schedule. Column (8) should always show the fair market value of the goods, other assets, or services given by the reporting foundation if the foundation created less than fair market value in any transaction or sharing arrangement, show in column (9) the value of the goods, other assets, or services received. (8) Inne in (9) the value of the goods, other assets, or services received. (9) Inne in (9) the value of the goods, other assets, or services received. (9) Inne in (9) the value of the goods, other assets, or services received. N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)) of the Code (other th | | • • | | | | | | | | | | X |
| (e) Performance of services or membership or fundrasing solicitations c Sharing of facilities, equipment, making lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services received. (e) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) observation of transfers, transactions, and sharing arrangements. N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organization of transfers, transactions, and sharing arrangements. N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)) of in section 507(c) or in section 501(c) of the Code (other than section 501(c)) or in section 501(c) of the Code (other than section 501(c)) or in section 507(c) or in sect | | (5) Loai | ns or loan guarantees | | | | | | | 1b(5) | | X |
| d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation of the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements in section 50 (c) of the Code (other than section 501 (c)(3)) or in section 527? 2a. Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 50 (c) of the Code (other than section 501 (c)(3)) or in section 527? b. If "Ves," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Sign and select. In a section 501 (c)(3) or in section 501 (c) or in section 501 | | (6) Perf | ormance of services or me | mbership or fundra | aising solicitatio | ns | | | | 1b(6) | | X |
| d If the answer to any of the above is "es"; complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services greened. (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) inscription of transfers, transactions, and sharing arrangement, show the fair market value in any transaction or sharing arrangement, show the fair market value in any transaction or sharing arrangement, show the fair market value in any transaction or sharing arrangement, show the fair market value in any transaction or sharing arrangement, show the fair market value in any transaction or sharing arrangement, show the fair market value in any transaction or sharing arrangement, show the fair market value in any transaction or sharing arrangement, show the fair market value in any transaction or sharing arrangement, show the fair market value in any transaction or sharing arrangement, show the fair market value in any transaction or sharing arrangement, show the fair market value in any transaction or sharing arrangement, show the fair market value in any transaction or sharing arrangement, show the fair market value in any transaction or sharing arrangement, show the fair market value in any transaction or sharing arrangement, show the fair market value in any transaction or sharing arrangement, show the fair market value in any transaction or sharing arrangement, show the fair market value in any transaction or sharing arrangement, show any transaction or sharing arrangement, show arrangement of the fair market value in any transaction or sharing sharing, under the fair market value in any transaction or sharing sharing, under the fair market value in any transaction or sharing sharing, under the fair market value in any transaction or sharing sharing, under the fair market value in any transaction of sharing sharing. **Characteristics** **Characteristics** **Characteristics** **Characteristics** **Characteristics** **Characteristics** **Char | C | Sharing | of facilities, equipment, ma | uling lists, other as: | sets, or paid emi | ployees | | | | | | X |
| or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) I have no (b) Amount involved (c) Name of noncharitable exempt organization (d) Dissorption of transfers, banactions, and sharing arrangements. N/A 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)) or in section 52?? □ Yes □ No b If Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Sign Once penalties of your, Ledden that have examined this return, including accompanying schedules and statements. WHELE PRODUCT ASSITUTE PRESS TRUST OFFICE (R) X yes □ No Print Yes address Not Salem Print Preparer's signature Date Check □ d Signature of Organization ASST VICE PRESS TRUST OFFICE (R) X yes □ No Proparer Use Only Firm's address ≥ 13577 FEATHER SOUND DRIVE, #400 CLEARWATER, FL 33762 Phone no. (727)572-1400 | | • | | • | | | nn (b) should al | ways show the fair | market value of the goo | ds, other ass | ets, | |
| (a) Lies no (b) Amount involved (c) Name of nonchartable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 50 1(c) of the Code (other than section | | | | | | | | | | | | |
| N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? □ If Yes, complete the following schedule: (a) Name of organization (b) Type of organization (c) Description of relationship Ves | | | | | | | | | | | | |
| 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Characteristic of proxy i declare that i have examined this return, including accompanying schedules and statements. White Paracteristic of the section with this property is strictly and based, it is truly from the property in the property in the property in the property is strictly and based, it is truly from the property in the property in the property is the property in the property in the property is the property in the property in the property is the property in the property in the property is the property in the property in the property in the property is the property in the property in the property in the property is the property in the property in the property in the property is the property in the property in the property in the property is the property in the property in the property in the property is the property in the property in the property in the property is the property in the property in the property in the property is the property in the property in the property in the property is the property in the property in the property in the property is the property in the property in the property in the property is the property in the property in the property in the property is the property in the property i | (a) | Line no | (b) Amount involved | (c) Name | of noncharitable | exempt or | ganization | (d) Description | on of transfers, transactions, | and sharing ar | rangeme | ents |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes, "complete the following schedule. (a) Name of organization N/A Under penalties of priory, I declare that I have examined this return, including accompanying schedules and statements, aWELES PARGO PARKETS ASSTRUCTION and belief, it is true, borded, and complete Declapation of preparer (other than taxpayer) is based on all information of which property ASSTRUCT OFFICE Signature of officer or trustee Print/Type preparer's name Preparer's signature Print/Type preparer's name Print | | | | | N/A | | | | | | | |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes, "complete the following schedule. (a) Name of organization N/A Under penalties of priory, I declare that I have examined this return, including accompanying schedules and statements, aWELLS PARGO BANK STORM AND THE BANK STORM AND THE PARGO BANK STORM AND THE BANK STORM AND TH | | | | | | | | | | | | |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes, "complete the following schedule. (a) Name of organization N/A Under penalties of priory, I declare that I have examined this return, including accompanying schedules and statements, aWELLS PARGO BANK STORM AND THE BANK STORM AND THE PARGO BANK STORM AND THE BANK STORM AND TH | | | | | | | | 1 | | | | |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes, "complete the following schedule. (a) Name of organization N/A Under penalties of priory, I declare that I have examined this return, including accompanying schedules and statements, aWELLS PARGO BANK STORM AND THE BANK STORM AND THE PARGO BANK STORM AND THE BANK STORM AND TH | | | | | | | | | | | | |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes, "complete the following schedule. (a) Name of organization N/A Under penalties of priory, I declare that I have examined this return, including accompanying schedules and statements, aWELLS PARGO BANK STORM AND THE BANK STORM AND THE PARGO BANK STORM AND THE BANK STORM AND TH | | | | | | | | | | | | |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes, "complete the following schedule. (a) Name of organization N/A Under penalties of priory, I declare that I have examined this return, including accompanying schedules and statements, aWELLS PARGO BANK STORM AND THE BANK STORM AND THE PARGO BANK STORM AND THE BANK STORM AND TH | | | | | | | | | | | | |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes, "complete the following schedule. (a) Name of organization N/A Under penalties of priory, I declare that I have examined this return, including accompanying schedules and statements, aWELES PARGO PARKETS ASSTRUCTION and belief, it is true, borded, and complete Declapation of preparer (other than taxpayer) is based on all information of which property ASSTRUCT OFFICE Signature of officer or trustee Print/Type preparer's name Preparer's signature Print/Type preparer's name Print | | | | | | | | | | | | |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes, "complete the following schedule. (a) Name of organization N/A Under penalties of priory, I declare that I have examined this return, including accompanying schedules and statements, aWELES PARGO PARKETS ASSTRUCTION and belief, it is true, borded, and complete Declapation of preparer (other than taxpayer) is based on all information of which property ASSTRUCT OFFICE Signature of officer or trustee Print/Type preparer's name Preparer's signature Print/Type preparer's name Print | | | | | | | | | | | | |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes, "complete the following schedule. (a) Name of organization N/A Under penalties of priory, I declare that I have examined this return, including accompanying schedules and statements, aWELES PARGO PARKETS ASSTRUCTION and belief, it is true, borded, and complete Declapation of preparer (other than taxpayer) is based on all information of which property ASSTRUCT OFFICE Signature of officer or trustee Print/Type preparer's name Preparer's signature Print/Type preparer's name Print | | | | | | | | | | | | |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes, "complete the following schedule. (a) Name of organization N/A Under penalties of priory, I declare that I have examined this return, including accompanying schedules and statements, aWELES PARGO PARKETS ASSTRUCTION and belief, it is true, borded, and complete Declapation of preparer (other than taxpayer) is based on all information of which property ASSTRUCT OFFICE Signature of officer or trustee Print/Type preparer's name Preparer's signature Print/Type preparer's name Print | | | | | | | | | | | | |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes, "complete the following schedule. (a) Name of organization N/A Under penalties of priory, I declare that I have examined this return, including accompanying schedules and statements, aWELLS PARGO BANK STORM AND THE BANK STORM AND THE PARGO BANK STORM AND THE BANK STORM AND TH | | | | | | | | | | | | |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes, "complete the following schedule. (a) Name of organization N/A Under penalties of priory, I declare that I have examined this return, including accompanying schedules and statements, aWELLS PARGO BANK STORM AND THE BANK STORM AND THE PARGO BANK STORM AND THE BANK STORM AND TH | | | · | | | | | | | | | |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes, "complete the following schedule. (a) Name of organization N/A Under penalties of priory, I declare that I have examined this return, including accompanying schedules and statements, aWELES PARGO PARKETS ASSTRUCTION and belief, it is true, borded, and complete Declapation of preparer (other than taxpayer) is based on all information of which property ASSTRUCT OFFICE Signature of officer or trustee Print/Type preparer's name Preparer's signature Print/Type preparer's name Print | | | | | | | · · · · · · | | | | | |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes, "complete the following schedule. (a) Name of organization N/A Under penalties of priory, I declare that I have examined this return, including accompanying schedules and statements, aWELLS PARGO BANK STORM AND THE BANK STORM AND THE PARGO BANK STORM AND THE BANK STORM AND TH | | | | | | | | | | | | |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes, "complete the following schedule. (a) Name of organization N/A Under penalties of priory, I declare that I have examined this return, including accompanying schedules and statements, aWELLS PARGO BANK STORM AND THE BANK STORM AND THE PARGO BANK STORM AND THE BANK STORM AND TH | | | | | | | | | ····· | | | |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes, "complete the following schedule. (a) Name of organization N/A Under penalties of priory, I declare that I have examined this return, including accompanying schedules and statements, aWELLS PARGO BANK STORM AND THE BANK STORM AND THE PARGO BANK STORM AND THE BANK STORM AND TH | | | | | | | | - | | | | |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes, "complete the following schedule. (a) Name of organization N/A Under penalties of priory, I declare that I have examined this return, including accompanying schedules and statements, aWELES PARGO PARKETS ASSTRUCTION and belief, it is true, borded, and complete Declapation of preparer (other than taxpayer) is based on all information of which property ASSTRUCT OFFICE Signature of officer or trustee Print/Type preparer's name Preparer's signature Print/Type preparer's name Print | | Is the fo | undation directly or indirect | tly affiliated with, o | r related to, one | or more tax | x-exempt organi | zations described | | | | |
| b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of payor, I declare that I have examined this return, including accompanying schedules and statements, at the property of the propert | | | • | • | • | | F - 3 | | | Yes | X | ☐ No |
| (a) Name of organization N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, at WELES PARKED FOR THE PRESS AND TO THE SIGNAL PROPERTY AS HIGH POINT AND THE PROPERTY A | ь | | . , | , | (-)(-), | | | | | | | |
| N/A Sign Under penalties of partury, I declare that I have examined this return, including accompanying schedules and statements, all less particular project, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer as throw below (see inst.) ASST VICE PRES & TRUST OFFIC R Yes No Signature of officer or trustee Date Title Print/Type preparer's name Preparer's signature Date Check if self-employed Firm's name CBIZ MHM, LLC Firm's EIN 27-3605969 Firm's address 13577 FEATHER SOUND DRIVE, #400 CLEARWATER, FL 33762 Phone no. (727)572-1400 | | | | | | (b) Type | of organization | T | (c) Description of relat | ionship | | |
| Sign Here Under penalties of priury, I declare that I have examined this return, including accompanying schedules and statements, aWELES PARSO BANK PRIVATION AND AND AND AND AND AND AND AND AND AN | _ | | | - | | | | j | | | | |
| Sign Here Asstruction of preparer (other than taxpayer) is based on all information of which preparer shown below (see instr ?? Asstruction of which preparer shown below (see instr ?? No | | | - | | | | | | | | | |
| Sign Here Asstruction of preparer (other than taxpayer) is based on all information of which preparer shown below (see instr ?? Asstruction of which preparer shown below (see instr ?? No | _ | | | | | | | | | | | |
| Sign Here Asstruction of preparer (other than taxpayer) is based on all information of which preparer shown below (see instr ?? Asstruction of which preparer shown below (see instr ?? No | _ | | | | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| Sign Here Asstruction of preparer (other than taxpayer) is based on all information of which preparer shown below (see instr ?? Asstruction of which preparer shown below (see instr ?? No | _ | | | | | | | 1 | | | | |
| Here Signature/of officer or trustee Date Title | _ | Und | er penalties of perjury, I declare | that I have examined t | this return, includir | ng accompany | ing schedules and | statements, and the | S PARSO BANK RPS | May the IRS | discuss | this |
| Here Signature of officer or trustee Date Title Print/Type preparer's name Preparer's signature Date Check if PTIN self- employed Preparer Use Only Firm's name ► CBIZ MHM, LLC Firm's address ► 13577 FEATHER SOUND DRIVE, #400 CLEARWATER, FL 33762 Phone no. (727)572-1400 | S | ign and | belief, it is true, correct, and cor | polete Declaration of | preparer (other tha | n taxpayer) is | based on all inform | mation of which preparation of which | STACEY ASHTON | return with th | re prepa | rer |
| Print/Type preparer's name Preparer's signature Date Check if self- employed Self- employed Prim's name ► CBIZ MHM, LLC Firm's name ► CBIZ MHM, LLC Firm's address ► 13577 FEATHER SOUND DRIVE, #400 CLEARWATER, FL 33762 Phone no. (727)572-1400 | | | Share | apple | | | 1117117 | A TOT VICE | PHES & TRUST OFFICE | RX Yes | | 7 |
| Paid Preparer Use Only Firm's address ► 13577 FEATHER SOUND DRIVE, #400 CLEARWATER, FL 33762 Self- employed P01320238 Firm's EIN ► 27-3605969 Phone no. (727)572-1400 | | Sig | nature of officer or trustee | | | Date | | Title | - | | | |
| Preparer Use Only Firm's address ► 13577 FEATHER SOUND DRIVE, #400 CLEARWATER, FL 33762 P01320238 Firm's EIN ► 27-3605969 | | | Print/Type preparer's na | ame | Preparer's s | ignature | | Date | Check if P | TIN | | |
| Preparer Use Only Firm's name ► CBIZ MHM, LLC Firm's EIN ► 27-3605969 Firm's address ► 13577 FEATHER SOUND DRIVE, #400 CLEARWATER, FL 33762 Phone no. (727)572-1400 | | | | | | 1 0 | 1 | ! | self- employed | | | |
| Preparer Use Only Firm's name ► CBIZ MHM, LLC Firm's EIN ► 27-3605969 Firm's address ► 13577 FEATHER SOUND DRIVE, #400 CLEARWATER, FL 33762 Phone no. (727)572-1400 | P | aid | BRANDON J. | SALEM | | $\mathbf{A} = \mathbf{X}$ | les - | 15-11-14 |]]] | P01320 | 238 | } |
| Use Only Firm's address ▶ 13577 FEATHER SOUND DRIVE, #400 CLEARWATER, FL 33762 Phone no. (727)572-1400 | | | | | LC TYX | | | ··· | | | | |
| Firm's address ► 13577 FEATHER SOUND DRIVE, #400 CLEARWATER, FL 33762 Phone no. (727)572-1400 | | • | | - | - | | | | | | | |
| CLEARWATER, FL 33762 Phone no. (727)572-1400 | | • | | 577 FEAT | HER SOU | ND DR | IVE, #4 | .00 | | | | |
| | | | | | | | • | | Phone no. (72 | 7)572- | 140 | 0 |
| | _ | | _ | | | | | | _ | | | |

ROBERT L OARE, JR CHARITABLE FOUNDATION 35-6724790 WELLS FARGO BANK, N.A. IFS FIDUCIARY TAX

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount contribution status of any foundation manager or substantial contributor Name and address (home or business) recipient SALVATION ARMY OF GAINESVILLE FLORIDA ₽C GENERAL SUPPORT 639 E UNIVERSITY AVE 8,000. GAINESVILLE, FL 32601 GENERAL SUPPORT PC THE SPIRIT OF TRUTH OUTREACH MINISTERS PO BOX 1395 1,500. BUNNELL, FL 32110 GENERAL SUPPORT РC WARRINGTON EXCELLENCE FUND PO BOX 117150 500. GAINESVILLE, FL 32611 ÞС GENERAL SUPPORT NORTHEAST CHRISTIAN OF JEFFERSON CO. 9900 BROWNSBORO RD 5,000. LOUISVILLE, KY 40241-1128 ÞС GENERAL SUPPORT SUPPORTING HEROES INC. 10440 BLUEGRASS PARKWAY, PO BOX 991547 5,000. LOUISVILLE, KY 40269 PC GENERAL SUPPORT WALDEN FUND - WALDEN SCHOOL CORPORATION 4238 WESTPORT RD 10,000. LOUISVILLE, KY 40207 ÞС GENERAL SUPPORT PTA FLORIDA 1747 ORLANDO CENTRAL PKWY 15,000. ORLANDO, FL 32809 ÞС GENERAL SUPPORT RETIREMENT HOME FOR HORSES INC. 20307 NW C.R. 235A 8,000. ALACHUA, FL 32615-4228 GENERAL SUPPORT SANTA FE BABE RUTH RIPKEN INC. ÞС 14300 NW 146 TERRACE 5,000. ALACHUA, FL 32615 58,000. Total from continuation sheets

| FORM 990-PF DIVIDE | NDS A | AND INTER | EST 1 | FROM SECUR | ITIES | STA | ATEMENT | 1 |
|---|-------------|---|-------------|-----------------------------------|---|------------------------------|------------------------------------|--------------------------|
| GROSS AMOUNT | | CAPITAL GAINS DIVIDENDS | S 1 | (A) REVENUE PER BOOKS | (B) (C) NET INVEST - ADJUS MENT INCOME NET IN | | | |
| WELLS FARGO 35,6 | 96. | 3,96 | 2. | 31,734. | 31,73 | 34. | | |
| TO PART I, LINE 4 35,6 | 96. | 3,96 | 2. ==== | 31,734. | 31,73 | 34. | | |
| FORM 990-PF | | ACCOUNTI | NG F | EES | | STA | ATEMENT | 2 |
| DESCRIPTION | | (A) XPENSES ER BOOKS | | (B) INVEST- T INCOME | (C) ADJUSTEI NET INCOM | | (D) CHARITA PURPOS | |
| TAX PREP FEES | | 650. | | 0. | | | | 50. |
| | | | | | | | | |
| TO FORM 990-PF, PG 1, LN 16 | B | 650. | | 0. | | | | 50. |
| | В | 650. | ES | 0. | | STA | ATEMENT | |
| TO FORM 990-PF, PG 1, LN 16 | EX | | NET | (B) INVEST- T INCOME | (C) ADJUSTEI NET INCOM |) | | 3 |
| TO FORM 990-PF, PG 1, LN 16 | EX | TAX (A) XPENSES | NET | (B) INVEST- | ADJUSTEI |) | ATEMENT (D) CHARITA PURPOS | 3 |
| TO FORM 990-PF, PG 1, LN 16 FORM 990-PF DESCRIPTION | EX | TAX (A) XPENSES ER BOOKS | NET | (B) INVEST- T INCOME | ADJUSTEI |) | ATEMENT (D) CHARITA PURPOS | 3 ABLE |
| TO FORM 990-PF, PG 1, LN 16 FORM 990-PF DESCRIPTION FOREIGN TAX WITHHELD | EX | TAX (A) XPENSES ER BOOKS 1,246. | NET MEN' | (B) INVEST- T INCOME 0. | ADJUSTEI | O ME | ATEMENT (D) CHARITA PURPOS | 3 ABLE SES 246. |
| TO FORM 990-PF, PG 1, LN 16 FORM 990-PF DESCRIPTION FOREIGN TAX WITHHELD TO FORM 990-PF, PG 1, LN 18 | EX | TAX (A) XPENSES ER BOOKS 1,246. | NET MEN' | (B) INVEST- T INCOME 0. 0. | ADJUSTEI | O ME — - — = STA | ATEMENT (D) CHARITA PURPOS 1,2 | 3 ABLE SES 246. |
| TO FORM 990-PF, PG 1, LN 16 FORM 990-PF DESCRIPTION FOREIGN TAX WITHHELD TO FORM 990-PF, PG 1, LN 18 FORM 990-PF | EX | TAX (A) XPENSES ER BOOKS 1,246. | NET MEN' | (B) INVEST- T INCOME 0. 0. OCK | ADJUSTEI NET INCOM | O ME — - — = STA | (D) CHARITA PURPOS 1,2 1,2 ATEMENT | 3 BLE SES 46. |

| FORM 990-PF | CORPORATE STOCK | | STATEMENT 5 |
|--------------------------------|-----------------|------------|-------------------|
| DESCRIPTION | | BOOK VALUE | FAIR MARKET VALUE |
| WELLS FARGO - EQUITIES | | 1,593,722. | 1,636,176. |
| TOTAL TO FORM 990-PF, PART II, | LINE 10B | 1,593,722. | 1,636,176. |

EIN: 35-6724790

Wells Fargo

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

OARE, ROBERT L., JR. CHARITABLE FND

Trust_Year_Ending_12/31/2016 ____

| | | | | • | | | | | |
|-----------|-------------|--------------|--------------------|-----------|--------------|----------------------|----------------------|----------------------|-------------|
| Туре | Description | Date | Shares | Price | Fed Cost | State Cost | Fed Gain | State Gain (| Туре) |
| 031162100 | 0 AMGENI | NC | | | | | | | |
| Sol | ld | 10/05/16 | 80 | 13,429 31 | | | | | |
| Ac | q (| 07/08/14 | 80 | 13,429 31 | 9,607 72 | 9,607 72 | 3,821 59 | 3,821 59 | L |
| Note | e | | Total for 10/5/20 | 16 | 9,607 72 | 9,607 72 | 3,821 59 | 3,821 59 | · · · · · · |
| | | | | | | | | | |
| 03948310 | | | LAND CO COM | 0.504.50 | | | | | |
| Sol | | 01/06/16 | 270 | 9,584 52 | 9,285 19 | 0.295.40 | 2 540 53 | 2 540 53 | |
| Ac | • | 08/05/14 | 190 80 | 6,744 66 | 3,709 74 | 9,285 19 3,709 74 | -2,540 53 -869 88 | -2,540 53 -869 88 | |
| Ac | 9 ' | 08/20/15 | | 2,839 86 | | | | | |
| Note | Э | | Total for 1/6/20 | 16 | 12,994 93 | 12,994 93 | -3,410 41 | -3,410 41 | |
| 06050510 | 4 BANK AN | MER CORP | | | | | | | |
| So | | 06/24/16 | 515 | 6,854 55 | | | | | |
| Ac | | 10/30/15 | 515 | 6,854 55 | 8,713 54 | 8,713 54 | -1,858 99 | -1,858 99 | s |
| | | | Total for 6/24/20 | 16 | 8,713 54 | 8,713 54 | -1,858 99 | -1,858 99 | |
| Note | e | | | | | | | | |
| 12640810 | 3 CSX COF | ₹P | | | | | | | |
| So | ld | 05/10/16 | 300 | 7,890 87 | | | | | |
| Ac | q | 08/06/15 | 300 | 7,890 87 | 9,166 20 | 9,166 20 | -1,275 33 | -1,275 33 | |
| Note | e | | Total for 5/10/20 | 16 | 9,166 20 | 9,166 20 | -1,275 33 | -1,275 33 | • |
| 12665010 | 0 CVS/CAF | REMARK CORI | PORATION | | | | | | |
| So | ld | 10/25/16 | 25 | 2,182 95 | | | | | |
| Ac | q | 07/07/14 | 25 | 2,182 95 | 1,918 49 | 1,918 49 | 264 46 | 264 46 | L |
| Note | е | | Total for 10/25/20 | 16 | 1,918 49 | 1,918 49 | 264 46 | 264 46 | 3 |
| | | | | | | | | | |
| 20030N10 | 1 COMCAS | ST CORP CLAS | SS A | | | | | | |
| So | ld | 09/07/16 | 35 | 2,314 85 | | | | | |
| Ac | q | 07/30/14 | 35 | 2,314 85 | 1,933 67 | 1,933 67 | 381 18 | 381 18 | L |
| Note | e | | Total for 9/7/20 | 16 | 1,933 67 | 1,933 67 | 381 18 | 381 18 | 3 |

EIN: 35-6724790

Wells Fargo

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Statement of Capital Gains and Losses From Sales (Does not include capital gain distributions from mutual funds or CTF's - See Tax Transaction Detail) OARE, ROBERT L , JR. CHARITABLE FND

RE, ROBERT L , JR. CHARITABLE
Trust Year Ending 12/31/2016

| TypeD | escription_ Date | Shares | Price | Fed Cost | State Cost | Fed Gain | State Gain (Typ | эe) — |
|--------------------------|-----------------------------|------------------|-----------|------------|------------|---|---|----------|
| 20030N101 | COMCAST CORP CLAS | | | | | | | _ |
| Sold | 12/15/16 | 105 | 7,332 78 | | | | | |
| Acq | 07/30/14 | 105 | 7,332 78 | 5,801 01 | 5,801 01 | 1,531 77 | 1,531 77 L | _ |
| · | | Total for 12/15/ | | 5,801-01 | 5:801=01 | 1 ₇ 531=7-7 | 1 ₋ 531-7-7 | _ |
| Note | | 101011011121101 | | | 0,00 / 0 / | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| 24610B859 | DELAWARE SMALL CA | AP CORE-INS 483 | | | | | | |
| Sold | 09/08/16 | 955 566 | 20,000 00 | | | | | |
| Acq | 08/10/15 | 955 566 | 20,000 00 | 19,856 66 | 19,856 66 | 143 34 | 143 34 l | - |
| Note | | Total for 9/8/ | 2016 | 19,856 66 | 19,856 66 | 143 34 | 143 34 | |
| 254709108 | DISCOVER FINANCIAL | . SERVICES | | | | | | |
| Sold | 09/07/16 | 35 | 2,076 15 | | | | | |
| Acq | 07/08/14 | 35 | 2,076 15 | 2,191 00 | 2,191 00 | -114 85 | -114 85 l | _ |
| | | Total for 9/7/ | 2016 | 2,191 00 | 2,191 00 | -114 85 | -114 85 | _ |
| Note | | | | | ŕ | | | |
| 254709108 | DISCOVER FINANCIAL | . SERVICES | | | | | | |
| Sold | 11/10/16 | 80 | 4,994 73 | | | | | |
| Acq | 07/08/14 | 80 | 4,994 73 | 5,008 00 | 5,008 00 | -13 27 | -13 27 l | L |
| Note | | Total for 11/10/ | 2016 | 5,008 00 | 5,008 00 | -13 27 | -13 27 | |
| 256746108 | DOLLAR TREE INC | | | | | | | |
| Sold | 01/21/16 | 40 | 3,106 50 | | | | | |
| Acq | 09/02/15 | 40 | 3,106 50 | 2,712 00 | 2,712 00 | 394 50 | 394 50 5 | 3 |
| Note | | Total for 1/21/ | | 2,712 00 | 2,712 00 | 394 50 | 394 50 | _ |
| | | | | | | | | |
| 268648102 | E M C CORP MASS | | | | | | | |
| Sold | 05/16/16 | 230 | 6,350 18 | | | | | |
| Acq | 07/17/14 | 230 | 6,350 18 | 6,214 48 | 6,214 48 | 135 70 | 135 70 I | L —— |
| Note | | Total for 5/16/ | 2016 | 6,214 48 | 6,214 48 | 135 70 | 135 70 | |
| 269649402 | E M C COPD MASS | | | | | | | |
| 268648102 Sold | E M C CORP MASS 09/02/16 | 650 | 18,667 85 | | | | | |
| | 09/02/16 | 500 | 14,359 88 | 13,509 75 | 13,509 75 | 850 13 | 850 13 | ı |
| Acq | 07/17/14 | 500 | 14,339 00 | 10,009 /01 | 13,303 /3 | 030 13 | 030 13 | _ |

EIN: 35-6724790

Wells Fargo

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Statement of Capital Gains and Losses From Sales (Does not include capital gain distributions from mutual funds or CTF's - See Tax Transaction Detail) OARE, ROBERT L., JR. CHARITABLE FND Trust Year Ending 12/31/2016

| Type De | escription— Date— | Shares | Price | Fed Cost | State Cost | Fed Gain | State Gain (| Type) |
|-----------|----------------------|--------------------|------------------------|-----------|------------|-----------|--------------|-------|
| 268648102 | E M C CORP MASS | | | | | | | |
| Sold | 09/02/16 | 650 | 18,667 85 | | | | | |
| Acq | 06/08/15 | 150 | 4,307 97 | 4,019 45 | 4,019 45 | 288 52 | 288 52 | L |
| Note | | Total for 9/2/2 | 2016 | 17,529 20 | 17,529-20 | 1,138-65= | 1,138-65 | |
| | | | | | | | | |
| 30219G108 | EXPRESS SCRIPTS HOL | DING CO | | | | | | |
| Sold | 01/21/16 | 110 | 7,689 54 | | | | | |
| Acq | 02/11/15 | 110 | 7,689 54 | 9,105 39 | 9,105 39 | -1,415 85 | -1,415 85 | S |
| | | Total for 1/21/2 | 2016 | 9,105 39 | 9,105 39 | -1,415 85 | -1,415 85 | |
| Note | | | | | | | | |
| 31428X106 | FEDEX CORPORATION | | | | | | | |
| Sold | 06/14/16 | 135 | 21,455 12 | | | | | |
| Acq | 07/27/15 | 15 | 2,383 90 | 2,469 81 | 2,469 81 | -85 91 | -85 91 | S |
| Acq | 08/05/14 | 120 | 19,071 22 | 17,757 60 | 17,757 60 | 1,313 62 | 1,313 62 | _L |
| Note | | Total for 6/14/2 | 2016 | 20,227 41 | 20,227 41 | 1,227 71 | 1,227 71 | |
| Note | | | | | | | | |
| 40412C101 | HCA HOLDINGS INC | | | | | | | |
| Sold | 11/09/16 | 120 | 8,268 61 | | | | | |
| Acq | 10/25/16 | 120 | 8,268 61 | 9,716 92 | 9,716 92 | -1,448 31 | -1,448 31 | S |
| Note | | Total for 11/9/ | 2016 | 9,716 92 | 9,716 92 | -1,448 31 | -1,448 31 | |
| | | | | | | | | |
| 437769508 | HOMESTEAD SMALL CO | | 40.000.00 | | | | | |
| Sold | 09/08/16 02/26/15 | 266 028 266 028 | 10,000 00 10,000 00 | 10,811 38 | 10,811 38 | -811 38 | -811 38 | 1 |
| Acq | 02/20/13 | | | 10,811 38 | 10,811 38 | -811 38 | -811 38 | |
| Note | | Total for 9/8/ | 2016 | 10,611 36 | 10,611 36 | -011 30 | -011 30 | |
| 464287499 | ISHARES TR RUSSELL ! | MIDCAP INDEX FD | | | | | | |
| Sold | 09/07/16 | 250 | 44,051 98 | | | | | |
| Acq | 03/18/15 | 250 | 44,051 98 | 43,189 25 | 43,189 25 | 862 73 | 862 73 | Ĺ |
| Note | | Total for 9/7/ | 2016 | 43,189 25 | 43,189 25 | 862 73 | 862 73 | |

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

OARE, ROBERT L., JR. CHARITABLE FND Trust Year Ending 12/31/2016

| TypeC | Description Date | Shares | Price | Fed Cost | State Cost | Fed Gain | State Gain (| Гуре) |
|-----------|--------------------|--------------------|------------------|-----------|------------|-----------|--------------|---|
| 526057104 | LENNAR CORPORATION | ON CLASS A COMMON | | | | | | |
| Sold | 09/07/16 | 60 | 2,833 32 | | | | | |
| Acq | 02/03/15 | 60 | 2,833 32 | 2,668 15 | 2,668 15 | 165 17 | 165 17 | L |
| Note | | Total for 9/7/20 | 16 | 2,668-15 | 2;668*15 | 165-1-7 | 165-1-7- | · — — — — — — — — — — — — — — — — — — — |
| 526057104 | LENNAR CORPORATION | ON CLASS A COMMON | | | | | | |
| Sold | 12/15/16 | 105 | 4,650 99 | | | | | |
| Acq | 02/03/15 | 105 | 4,650 99 | 4,669 26 | 4,669 26 | -18 27 | -18 27 | L |
| Note | | Total for 12/15/20 | 16 | 4,669 26 | 4,669 26 | -18 27 | -18 27 | |
| 58155Q103 | MCKESSON CORP | | | | | | | |
| Sold | 01/12/16 | 110 | 17,957 26 | | | | | |
| Acq | 07/24/14 | 90 | 14,692 30 | 17,378 10 | 17,378 10 | -2,685 80 | -2,685 80 | L |
| Acq | 08/25/15 | 20 | 3,264 96 | 3,902 80 | 3,902 80 | -637 84 | -637 84 | S |
| Note | | Total for 1/12/20 | 16 | 21,280 90 | 21,280 90 | -3,323 64 | -3,323 64 | |
| 59156R108 | METLIFE INC | | | | | | | |
| Sold | 06/24/16 | 360 | 14,475 68 | | | | | |
| Acq | 07/15/14 | 360 | 14,475 68 | 20,393 82 | 20,393 82 | -5,918 14 | -5,918 14 | L |
| Note | | Total for 6/24/20 | 16 | 20,393 82 | 20,393 82 | -5,918 14 | -5,918 14 | |
| 693475105 | PNC FINANCIAL SER\ | /ICES GROUP | | | | | | |
| Sold | 09/07/16 | 60 | 5,410 21 | | | | | |
| Acq | 07/03/14 | 60 | 5,410 21 | 5,394 59 | 5,394 59 | 15 62 | 15 62 | |
| Note | | Total for 9/7/20 | 16 | 5,394 59 | 5,394 59 | 15 62 | 15 62 | |
| 741503403 | PRICELINE COM INC | | | | | | | |
| Sold | | 5 | 6,635 18 | | | | | |
| Acq | 07/17/14 | 1 | 1,327 04 | 1,226 60 | 1,226 60 | 100 44 | 100 44 | |
| Açq | 08/21/15 | 4 | 5,308 14 ———— | 4,907 48 | 4,907 48 | 400 66 | 400 66 | |
| Note | | Total for 7/15/20 | 16 | 6,134 08 | 6,134 08 | 501 10 | 501 10 | |

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

OARE, ROBERT L., JR. CHARITABLE FND Trust Year Ending 12/31/2016

| - Type [| DescriptionDate | Shares | Price | Fed Cost | State Cost | Fed Gain | State Gain | (Type) |
|-----------|-------------------|------------------|-----------|-----------|------------|----------------------|-------------|--------|
| 76628T439 | RIDGEWORTH INST U | IS GV US-I 5932 | | | | | | |
| Sold | 02/05/16 | 1957 725 | 19,655 56 | | | | | |
| Acq | 09/04/14 | 1957 725 | 19,655 56 | 19,851 33 | 19,851 33 | -195 77 | -195 77 | |
| Note | | Total for 2/5/ | 2016 | 19,851 33 | 19,851 33 | -195 ⁻ 77 | | 7 |
| 783549108 | RYDER SYS INC | | | | | | | |
| Sold | 01/28/16 | 260 | 13,216 23 | | | | | |
| Acq | 07/23/15 | 40 | 2,033 27 | 3,533 80 | 3,533 80 | -1,500 53 | -1,500 53 | S |
| Acq | 07/23/14 | 220 | 11,182 96 | 19,806 05 | 19,806 05 | -8,623 09 | -8,623 09 | L |
| Note | | Total for 1/28/ | 2016 | 23,339 85 | 23,339 85 | -10,123 62 | -10,123 6 | 2 |
| 81369Y308 | CONSUMER STAPLES | S SECTOR SPDR TR | | | | | | |
| Sold | 12/05/16 | 410 | 20,691 17 | | | | | |
| Acq | 01/12/15 | 145 | 7,317 61 | 7,094 85 | 7,094 85 | 222 76 | 222 76 | |
| Acq | 07/15/14 | 175 | 8,831 60 | 7,929 16 | 7,929 16 | 902 44 | 902 44 | |
| Acq | 01/12/16 | 90 | 4,541 96 | 4,465 76 | 4,465 76 | 76 20 | 76 20 |) S |
| Note | | Total for 12/5/ | 2016 | 19,489 77 | 19,489 77 | 1,201 40 | 1,201 4 | 0 |
| 872540109 | TJX COS INC NEW | | | | | | | |
| Sold | 01/21/16 | 100 | 6,759 23 | | | | | |
| Acq | 07/03/14 | 100 | 6,759 23 | 5,383 99 | 5,383 99 | 1,375 24 | 1,375 24 | L |
| Note | | Total for 1/21/ | 2016 | 5,383 99 | 5,383 99 | 1,375 24 | 1,375 2 | 4 |
| 872540109 | TJX COS INC NEW | | | | | | | |
| Sold | 03/29/16 | 110 | 8,564 31 | | | | | |
| Acq | 07/03/14 | 110 | 8,564 31 | 5,922 39 | 5,922 39 | 2,641 92 | 2,641 92 | 2 L |
| Note | | Total for 3/29/ | 2016 | 5,922 39 | 5,922 39 | 2,641 92 | 2,641 9 | 2 |
| 880196506 | TEMPLETON FOREIG | N FD - ADV 604 | | | | | | |
| Sold | | 14286 474 | 89,004 73 | | | | | |
| Acq | 03/10/15 | 1895 803 | 11,810 85 | 13,100 00 | 13,100 00 | -1,289 15 | -1,289 15 | 5 L |

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Statement of Capital Gains and Losses From Sales (Does not include capital gain distributions from mutual funds or CTF's - See Tax Transaction Detail) OARE, ROBERT L., JR. CHARITABLE FND Trust Year Ending 12/31/2016

| Type De | escription Date | — - Shares — | Price | _ Fed Cost | State Cost | Fed Gain | State Gain (Type) |
|-----------|--------------------|----------------------|------------------|------------|--------------|-------------|-------------------|
| 880196506 | TEMPLETON FOREIGN | I FD - ADV 604 | | | | | |
| Sold | 03/29/16 | 14286 474 | 89,004 73 | | | | |
| Acq | 12/30/14 | 12390 671 | 77,193 88 | 85,000 00 | 85,000 00 | -7,806 12 | -7,806 12 L |
| Note | | Total for 3/29/2016 | | 98,100 00 | 98,100 00 | -9,095*27 | 9;095-27 |
| 883556102 | THERMO FISHER SCIE | ENTIFIC INC | | | | | |
| Sold | 10/25/16 | 50 | 7,439 44 | | | | |
| Acq | 07/17/14 | 50 | 7,439 44 | 6,016 43 | 6,016 43 | 1,423 01 | 1,423 01 L |
| Note | | Total for 10/25/2016 | | 6,016 43 | 6,016 43 | 1,423 01 | 1,423 01 |
| 913017109 | UNITED TECHNOLOGI | ES CORP | | | | | |
| Sold | 11/10/16 | 50 | 5,324 97 | | | 474.54 | 474.64 |
| Acq | 07/23/14 | 50 | 5,324 97 ———— | 5,499 48 | 5,499 48 | -174 51 | -174 51 L |
| Note | | Total for 11/10/2016 | | 5,499 48 | 5,499 48 | -174 51 | -174 51 |
| 949746101 | WELLS FARGO & CO | | | | | | |
| Sold | 10/04/16 | 155 | 6,765 62 | _ | | | |
| Acq | 10/29/15 | 155 | 6,765 62 | 8,588 36 | 8,588 36 | -1,822 74 | -1,822 74 S |
| Note | | Total for 10/4/2016 | | 8,588 36 | 8,588 36 | -1,822 74 | -1,822 74 |
| G29183103 | EATON CORP PLC | | | | | | |
| Sold | 09/07/16 | 45 | 3,001 52 | | | - 4- 0- | 405.00 |
| Acq | 07/15/14 | 45 | 3,001 52 | 3,349 80 | 3,426 75 | -348 28 | -425 23 L |
| Note | | Total for 9/7/2016 | j | 3,349 80 | 3,426 75 | -348 28 | -425 23 |
| G29183103 | EATON CORP PLC | | | | | | |
| Sold | 11/10/16 | 50 | 3,394 42 | | | | |
| Acq | 07/15/14 | 50 | 3,394 42 | 3,693 50 | 3,807 50 | -299 08 | -413 08 L |
| Note | | Total for 11/10/2016 | j | 3,693 50 | 3,807 50 | -299 08 | -413 08 |

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Statement of Capital Gains and Losses From Sales (Does not include capital gain distributions from mutual funds or CTF's - See Tax Transaction Detail) OARE, ROBERT L., JR. CHARITABLE FND Trust Year Ending 12/31/2016

| Type De | escription Date — | — —Shares | Price | Fed_Cost | State Cost | Fed Gain | State Gain (Type |
|--------------------|--------------------|-------------------|-----------|---------------|------------|------------|------------------|
| N59465109 | MYLAN N V | | | | | | |
| Sold | 05/10/16 | 310 | 12,622 98 | | | | |
| Acq | 03/02/15 | 310 | 12,622 98 | 17,887 74 | 17,887 74 | -5,264 76 | -5,264 76 L |
| Note | | Total for 5/10/2 | 2016 | 17,887 74 | 17,887 74 | -5,264 76 | 5;264-76 |
| √7780T103 | ROYAL CARRIBEAN C | RUISE | | | | | |
| Sold | 11/07/16 | 20 | 1,517 26 | | | | |
| Acq | 03/03/15 | 20 | 1,517 26 | 1,596 03 | 1,596 03 | -78 77 | -78 77 L |
| Note | | Total for 11/7/2 | 2016 | 1,596 03 | 1,596 03 | -78 77 | -78 77 |
| V7780 T 103 | ROYAL CARRIBEAN CI | RUISE | | | | | |
| Sold | 12/15/16 | 55 | 4,669 32 | | | | |
| Acq | 03/03/15 | 55 | 4,669 32 | 4,389 09 | 4,389 09 | 280 23 | 280 23 L |
| Note | | Total for 12/15/2 | 2016 | 4,389 09 | 4,389 09 | 280 23 | 280 23 |
| V7780T103 | ROYAL CARRIBEAN C | RUISE | | | | | |
| Sold | 12/23/16 | 165 | 13,783 72 | | | | |
| Acq | 03/26/15 | 130 | 10,859 90 | 9,612 04 | 9,612 04 | 1,247 86 | 1,247 86 L |
| Acq | 03/03/15 | 35 | 2,923 82 | 2,793 06 | 2,793 06 | 130 76 | 130 76 L |
| Note | | Total for 12/23/ | 2016 | 12,405 10 | 12,405 10 | 1,378 62 | 1,378 62 |
| | | | | | 400.044.05 | 00.407.00 | 20,240,25 |
| | To | otal for Account: | | 492,750 91 | 492,941 86 | -28,127 30 | -28,318 25 |
| | | Total Proceeds: | | | Fed | s | tate |
| | | 464,623 61 | | S/T Gain/Loss | -10,044 02 | -11 | 0,044 02 |
| | | 404,023 01 | | L/T Gain/Loss | -18,083 28 | -1 | 8,274 23 |